2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**SIGNATURE** 

## May 13, 2008 8:00 am DOCUMENT # L06000055795 **Secretary of State** 1. Entity Name 05-13-2008 90065 037 \*\*\*138.75 NORTH AMERICAN LAND HOLDINGS, LLC Principal Place of Business Mailing Address 11587 NW 45 STREET 11587 NW 45 STREET CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicable Zip Country Zip Country \$5:00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QAMAR, WASEEM 11587 NW 45 STREET Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature, typod or printed name of region and agent and title 4 applicable. (NOTE: Registered Agent's goalare required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 TITLE **MGRM** TITLE ☐ Delete ☐ Change ■ Addition NAME QAMAR, WASEEM NAME STREET ADDRESS 11587 NW 45 STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33065 CITY-ST-ZiP TITLE ☐ Delete THLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate Title Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**