# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 03, 2007**
**Secretary of State**

DOCUMENT# L06000059908

**Entity Name:** LAND BARONESS, LLC

**Current Principal Place of Business:**

555 ABINGDON WAY
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

555 ABINGDON WAY
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number: 42-1707676** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEATON, GAIL M
555 ABINGDON WAY
DAVIE, FL 33325 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | CAPOZZI, ERMELINTA | |
| Address: | 6652 FAWN RIDGE DRIVE | |
| City-St-Zip: | MELBOURNE, FL 32940 | |
| Title: | MGRM | ( ) Delete |
| Name: | CAPOZZI, ELIZABETH | |
| Address: | 13820 ROANOKE STREET | |
| City-St-Zip: | DAVIE, FL 33325 | |
| Title: | MGRM | ( ) Delete |
| Name: | LINARES, MIRIAM C | |
| Address: | 19232 NW 88 PLACE | |
| City-St-Zip: | MIAMI, FL 33018 | |
| Title: | MGRM | ( ) Delete |
| Name: | WHEATON, GAIL M | |
| Address: | 555 ABINGDON WAY | |
| City-St-Zip: | DAVIE, FL 33325 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH CAPOZZI MS. 04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date