

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90186 010 \*\*\*138.75

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<b>DOCUMENT # L07000019278</b> 1. Entity Name <b>I-40 LAND INVESTORS, LLC</b>			
Principal Place of Business <b>2033 WOOD STREET</b> <b>215</b> <b>BRADENTON, FL 34237</b> <b>SARASOTA</b>		Mailing Address <b>2033 WOOD STREET</b> <b>215</b> <b>BRADENTON, FL 34237</b> <b>SARASOTA</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Sarasota, FL</b> Zip Country		City & State <b>Sarasota, FL</b> Zip Country	
4. FEI Number <b>20-8480016</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROSENBERG, DAVID H ESQ.</b> <b>8130 LAKEWOOD MAIN STREET</b> <b>SECOND FLOOR, SUITE 208</b> <b>BRADENTON, FL 34202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HERBERT, JOHN W JR.</b> <b>2033 WOOD STREET, SUITE 215</b> <b>SARASOTA, FL 34237</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>YEOMANS, MIKE</b> <b>7723 CHARLESTON STREET</b> <b>UNIVERSITY PARK, FL 34201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
<b>SIGNATURE:</b>		Date <b>4-28-08</b> Daytime Phone # <b>(941) 365-4076</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			