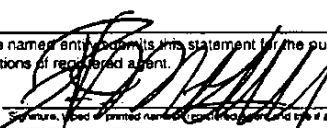


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-04-2008 90139 012 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000038711			
1. Entity Name LAND MINDS, LLC			
Principal Place of Business 103 N ATLANTIC AVENUE COCOA BEACH, FL, 32931		Mailing Address 103 N ATLANTIC AVENUE COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box # 257 N. Orlando		3. Mailing Address 257 N. Orlando	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa Beach FL		City & State Cocoa Beach FL	
Zip 32931		Zip 32931	
Country BREVARD		Country BREVARD	
4. FEI Number 20-8857079		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORNELL, ROBIN M L 103 N ATLANTIC AVENUE COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name Cornell, Robin M.L. Street Address (P.O. Box Number is Not Acceptable) 257 N. Orlando Ave City Cocoa Beach FL Zip Code 32931	
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  ROBIN M L CORNELL DATE 04-01-2008 (NOTE: Registered Agent signature required when re-appointing)			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR GORDON, JASON M 103 N ATLANTIC AVENUE COCOA BEACH, FL 32931 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Gordon, Jason M 257 N. Orlando Ave Cocoa Beach FL 32931 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CORNELL, ROBIN M 103 N ATLANTIC AVENUE COCOA BEACH, FL 32931 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CORNELL, ROBIN M L 257 N. Orlando Ave Cocoa Beach FL 32931 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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. SIGNATURE:  Jason M Gordon DATE 04-01-2008 DAYTIME PHONE # 321-499-4777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			