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Apr 28, 2008 8:00 am
Secretary of State
04-04-2008 90139 012 ***138.75

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000038711

1. Entity Name
LAND MINDS, LLC

30005005

03272008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
103 N ATLANTIC AVENUE COCOA BEACH, FL 32931	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 Country Brevard	Zip 32931 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 ML Cornell 04-01-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ML 257 N. Orlando Ave Cocoa Beach FL 32931	☑ Change ☐ Addition
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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 04-01-2008 321-499-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #