

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059431

FILED
Jul 18, 2008
Secretary of State

Entity Name: CFL LAND HOLDINGS, LLC

Current Principal Place of Business:

424 E. CENTRAL BLVD
STE 239
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

424 E. CENTRAL BLVD
STE 239
ORLANDO, FL 32801

New Mailing Address:

424 E. CENTRAL BLVD
STE 239V
ORLANDO, FL 32801

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUKENS, BRAD J
424 E. CENTRAL BLVD
STE 239
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LUKENS, BRAD J
424 E. CENTRAL BLVD
STE 239V
ORLANDO, FL 32801 US

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: _____

07/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUKENS, BRAD J MGRM
Address: 151 E. CRYSTAL LAKE STREET
City-St-Zip: ORLANDO, FL 32806

Title: MGRM (X) Delete
Name: GALVIN, MIKE MGRM
Address: 1515 NORFOLK AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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 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: BRAD LUKENS

MGRM

07/18/2008

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