2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000099876 1. Entity Name 02-25-2008 90130 041 ***138.75 AG LAND INVESTMENT, LLC Principal Place of Business Mailing Address 9180 N.W. 21 MANOR 9180 N.W. 21 MANOR RUNTATOR SUNRISE, FL 33322 SUNRISE, FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For -0223150 Not Applicable Ζiρ Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASS, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 10001 N.W. 50 STREET SUITE 204 SUNRISE, FL 33351 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change Addition GOLDSTEIN, ALEX NAME NAME STREET ADDRESS 9180 N.W. 21 MANOR STREET ADDRESS SUNIRSE, FL 33322 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

2-20-08

Feb 25, 2008 8:00 am