2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000081946

Entity Name: DOGWOOD LAND CO., LLC

Current Principal Place of Business:

700 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480 US

New Principal Place of Business:

500 S. AUSTRALIAN AVE.
STE. 110
W. PALM BEACH, FL 33401 US

Current Mailing Address:

500 SOUTH AUSTRALIAN AVENUE, SUITE 110
WEST PALM BEACH, FL 33401 US

New Mailing Address:

500 S. AUSTRALIAN AVE.
STE. 110
W. PALM BEACH, FL 33401 US

FEI Number: 26-3246749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZISKA, MAURA A
KOCHMAN & ZISKA PLC
222 LAKEVIEW AVENUE, SUITE 950
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CALLAHAN, PETER J
Address: 500 SOUTH AUSTRALIAN AVENUE, SUITE 110
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COMG ( ) Change (X) Addition
Name: FARLEY, LINDA R
Address: 500 S. AUSTRALIAN AVE., #110
City-St-Zip: WEST PALM BEACH, FL 33401

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: LINDA FARLEY COMG 03/20/2009

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