


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90025 030 ***138.75

DOCUMENT # L99000006462	
1. Entity Name AMERICAN LAND VENTURES, LLC.	

Principal Place of Business ONE SE 3RD AVE STE 3100 MIAMI FL 33131	Mailing Address ONE SE 3RD AVE STE 3100 MIAMI FL 33131
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2. Principal Place of Business - No P.O. Box # 800 Brickell Ave	3. Mailing Address 800 Brickell Ave.
Suite, Apt. #, etc. PH 1	Suite, Apt. #, etc. PH 1

1st MOORE CR2E083 (10/07)

City & State MIAMI FL	City & State MIAMI FL
Zip 33131	Country US

4. FEI Number 65-0968923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TRACY, GRANVIL M ONE SE 3RD AVE STE 3100 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Ave PH 1 City MIAMI FL 33131
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRANVIL, TRACY M ONE SE 3RD AVE STE 3100 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800 Brickell Ave PH 1 MIAMI FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>GRANVIL TRACY</u>	Date: <u>4/14/08</u>	Daytime Phone #: <u>305-350-1901</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		