

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003916

FILED
Apr 20, 2007
Secretary of State

Entity Name: ALICO LAND, L.L.C.

Current Principal Place of Business:

10350 BREN ROAD WEST
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

10350 BREN ROAD WEST
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 20-3129994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BEDNAROWSKI, KEITH
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

Title: MGR () Delete
Name: CAMPA, LUZ
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

Title: MGR () Delete
Name: GOHL, KEVIN
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES:

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

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

Title: VPT (X) Change () Addition
Name: FLANNIGAN, SUZANNE
Address: 10350 BREN ROAD WEST
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the 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: LUZ CAMPA

MGR

04/20/2007

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