





# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M06000005677</b> 1. Entity Name <b>LAND 22745, LLC</b>			<div style="text-align: center;"> <b>FILED</b>  <b>07 JUL 19 PM 3:27</b>                  SECRETARY OF STATE                  TALLAHASSEE, FLORIDA             </div> <div style="text-align: center; margin-top: 10px;">  </div>
Principal Place of Business <b>4900 WEST HUNDRED ROAD                  CHESTER, VA 23831</b>		Mailing Address <b>4900 WEST HUNDRED ROAD                  CHESTER, VA 23831</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
4. FEI Number <b>16-1773519</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>NING, ZHOU</b> <b>638 UNITED STREET</b> <b>KEY WEST, FL 33040</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Brian Uphoff</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 Bayshore Drive</b> City <b>Terra Ceia</b> <b>FL</b> Zip Code <b>34250</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)                      DATE	
<b>Filing Fee is \$50.00                  Due by September 14, 2007</b>		<b>Make check payable to                  Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UPHOFF FLORIDA LAND, LLC 4900 WEST HUNDRED ROAD CHESTER, VA 23831	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000106632500</b> <b>07/24/07--01042--018</b> <b>**1500.00</b>
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
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
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
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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: <b>7-2-07</b>	Daytime Phone #: <b>804-706-4702</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date                      Daytime Phone #	