

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005678

1. Entity Name
LAND 16, LLC



Principal Place of Business
4900 WEST HUNDRED ROAD
CHESTER, VA 23831

Mailing Address
4900 WEST HUNDRED ROAD
CHESTER, VA 23831

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1773527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NING, ZHOU
638 UNITED STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name Brian Uphoff
Street Address (P.O. Box Number is Not Acceptable)
1800 Bayshore Drive
City Terra Ceia FL Zip Code 34250

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)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME UPHOFF FLORIDA LAND, LLC
STREET ADDRESS 4900 WEST HUNDRED ROAD
CITY-ST-ZIP CHESTER, VA 23831

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 300106632733
STREET ADDRESS 07/24/07--01042--018 **1500.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

07 JUL 19 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

