

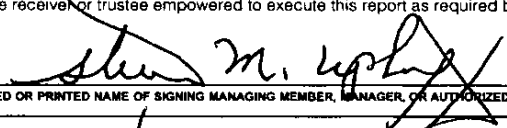


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NING, ZHOU 638 UNITED STREET KEY WEST, FL 33040		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 		DATE _____	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UPHOFF FLORIDA LAND, LLC 4900 WEST HUNDRED ROAD CHESTER, VA 23831 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300106632733 07/24/07--01042--018 **1500.00
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: 7-2-07	Daytime Phone #: 804-706-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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