2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005678

1. Entity Name LAND 16, LLC



FILED Apr 29, 2008 08:00 Af Secretary of State

Principal Place of Business

4900 WEST HUNDRED ROAD CHESTER, VA 23831

Mailing Address

4900 WEST HUNDRED ROAD CHESTER, VA 23831



DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1773527
Applied For
Not Applied For
Not Applied For
Status Desired
Status Desired
Fee Required

6. Name and Address of Current Registered Agent

UPHOFF, BRIAN 1800 BAYSHORE DRIVE TERRA CEIA, FL 34250

DO NOT WRITE IN THIS SPACE

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	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR		•	
NAME	UPHOFF FLORIDA LAND, LLC		i.	
STREET ADDRESS	4900 WEST HUNDRED ROAD			
CITY-ST-ZIP	CHESTER, VA 23831	·		

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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 eath, 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.

AUTHORIZED REPRESENTATIVE

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

4-24-08

804-706-4702

e

Daytime Phone #