

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005681

FILED  
Jul 13, 2009  
Secretary of State

Entity Name: LAND 3228, LLC

**Current Principal Place of Business:**

4900 WEST HUNDRED ROAD  
CHESTER, VA 23831

**New Principal Place of Business:**

**Current Mailing Address:**

4900 WEST HUNDRED ROAD  
CHESTER, VA 23831

**New Mailing Address:**

FEI Number: 16-1773523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UPHOFF, BRIAN  
1800 BAYSHORE DRIVE  
TERRA CEIA, FL 34250      US

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: UPHOFF FLORIDA LAND, LLC  
Address: 4900 WEST HUNDRED ROAD  
City-St-Zip: CHESTER, VA 23831

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: UPHOFF, STEVEN OWNER  
Address: 4900 WEST HUNDRED ROAD  
City-St-Zip: CHESTER, VA 23831

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN UPHOFF

MGR

07/13/2009

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