
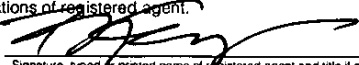
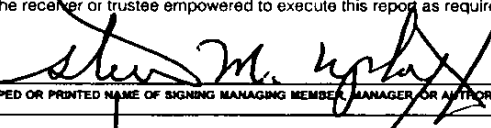


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M06000005684</b> 1. Entity Name <b>LAND 106580, LLC</b>						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">07 JUL 19 PM 3:27</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</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.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>NING, ZHOU 638 UNITED STREET KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<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	<b>MGR UPHOFF FLORIDA LAND, LLC 4900 WEST HUNDRED ROAD CHESTER, VA 23831</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 18px; font-weight: bold;">200106632412</div> <div style="font-size: 14px;">07/24/07--01042--018 **1500.00</div> <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		
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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.							
<b>SIGNATURE:</b> 				Date <b>7-2-07</b>		Daytime Phone # <b>804-702-4702</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							