



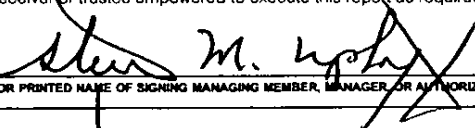


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M06000005685</b> 1. Entity Name LAND 26929, LLC						<b>FILED</b> 07 JUL 19 PM 3:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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.		07022007 Chg-LLC CR2E083 (12/06)		4. FEI Number 16-1773517			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable		Applied For <input type="checkbox"/> Not Applicable			
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 <u>Brian Uphoff</u>					
				Street Address (P.O. Box Number is Not Acceptable) <u>1800 Bayshore Drive</u>					
				City <u>Terra Ceia</u>		State <u>FL</u>			
				Zip Code <u>34250</u>					
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 				(NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>					
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 <b>500106632485</b> 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				
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 <u>7-2-07</u>		Daytime Phone # <u>804-706-4702</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE									