



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005688 1. Entity Name LAND 1500, LLC						FILED 07 JUL 19 PM 3:28 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 # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 16-1743537				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07022007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent NING, ZHOU 638 UNITED STREET KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name <u>Brian Uphoff</u> Street Address (P.O. Box Number is Not Acceptable) <u>1800 Bayshore Drive</u> City <u>Terra Ceia</u> <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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) 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"/> Change <input type="checkbox"/> Addition 200106632742 07/24/07--01042--018 **1500.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Date <u>7-2-07</u>		Daytime Phone # <u>804-706-4702</u>	