2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000005688

1. Entity Name LAND 1500, LLC



Principal Place of Business

4900 WEST HUNDRED ROAD CHESTER, VA 23831

Mailing Address

4900 WEST HUNDRED ROAD CHESTER, VA 23831

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



01162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	 Applied For
	16-1743537	Not Applicable
5.	Certificate of Status Desired	0 Additional

6. Name and Address of Current Registered Agent

UPHOFF, BRIAN 1800 BAYSHORE DRIVE TERRA CEIA, FL 34250

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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR UPHOFF FLORIDA LAND, LLC 4900 WEST HUNDRED ROAD CHESTER, VA 23831	U00000932450		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		05/22/08-80053-024 143.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, AUTHORIZED REPRESENTATIVE

4-24-08

804.706-4702

Daytime Phone #