

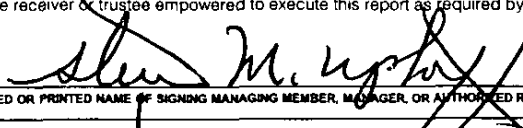


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005691					
1. Entity Name <b>LAND 770, LLC</b>					
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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>16-1773530</b>	
5. Certificate of Status Desired <input type="checkbox"/>				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 <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 <b>7/2/2007</b>	
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500106632555</b> <b>07/24/07--01042--018 **1500.00</b>	
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 <b>7-2-07</b> Daytime Phone # <b>804-706-4702</b>	

FILED  
07 JUL 19 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07022007 Chg-LLC CR2E083 (12/06)