

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M06000005691

1. Entity Name  
LAND 770, LLC



Principal Place of Business  
4900 WEST HUNDRED ROAD  
CHESTER, VA 23831

Mailing Address  
4900 WEST HUNDRED ROAD  
CHESTER, VA 23831



01162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1773530

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

UPHOFF, BRIAN  
1800 BAYSHORE DRIVE  
TERRA CEIA, FL 34250

**DO NOT WRITE  
IN THIS SPACE**

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 MGR  
NAME UPHOFF FLORIDA LAND, LLC  
STREET ADDRESS 4900 WEST HUNDRED ROAD  
CITY-ST-ZIP CHESTER, VA 23831

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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U000000332429  
05/22/08-80053-014 148.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4-24-08

Date

804-706-4702

Daytime Phone #