


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005693

1. Entity Name
LAND 15, LLC



FILED

07 JUL 19 PM 3:27

[Signature]
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

07022007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

NING, ZHOU
638 UNITED STREET
KEY WEST, FL 33040

4. FEI Number
16-1773525

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name *Brian Uphoff*

Street Address (P.O. Box Number is Not Acceptable)
1200 Bayshore Drive

City *Terra Ceia* FL Zip Code *34250*

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]* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPHOFF FLORIDA LAND, LLC		NAME		
STREET ADDRESS	4900 WEST HUNDRED ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHESTER, VA 23831		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]* Date *7-2-07* Daytime Phone # *804-706-4702*

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