## 2008 LIMITED LIABILITY COMPANY

## Apr 29, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # M06000005693** 1. Entity Name LAND 15, LLC Mailing Address Principal Place of Business 4900 WEST HUNDRED ROAD 4900 WEST HUNDRED ROAD CHESTER, VA 23831 CHESTER, VA 23831 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1773525 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UPHOFF, BRIAN DO NOT WRITE 1800 BAYSHORE DRIVE TERRA CEIA, FL 34250 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 it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE UPHOFF FLORIDA LAND, LLC NAME STREET ADDRESS 4900 WEST HUNDRED ROAD HAAAA8932437 CITY-ST-ZIP CHESTER, VA 23831 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND TYPED OR PRINTED NAME OF INING MANAGING WEMBER, O UZED REPRESENTATIVE

804-706-4702

FILED

Daytime Phone #