





2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005694 1. Entity Name LAND 1415, LLC			<div style="text-align: right; font-size: 1.2em; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 1.1em;">07 JUL 19 PM 3:27</div> <div style="text-align: right; font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
Principal Place of Business 4900 WEST HUNDRED ROAD CHESTER, VA 23831		Mailing Address 4900 WEST HUNDRED ROAD CHESTER, VA 23831	 07022007 Chg-LLC CR2E083 (12/06)
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	
4. FEI Number 16-1773535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NING, ZHOU 638 UNITED STREET KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name <u>Brian Uphoff</u> Street Address (P.O. Box Number is Not Acceptable) <u>1800 Bayshore Drive</u> City <u>Terra Ceia</u> <u>FL</u> Zip Code <u>34250</u>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
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	800106632449
CITY-ST-ZIP	CHESTER, VA 23831	CITY-ST-ZIP	07/24/07--01042--018 **1500.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: <u>7-2-07</u>	Daytime Phone #: <u>804-706-4702</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	