2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000005694 1. Entity Name **LAND 1415, LLC**

Mailing Address

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

4900 WEST HUNDRED ROAD CHESTER, VA 23831

FILED Apr 29, 2008 08:00 AN Secretary of State



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 16-1773535

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

UPHOFF, BRIAN 1800 BAYSHORE DRIVE TERRA CEIA, FL 34250

9.

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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, the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MGR TITLE UPHOFF FLORIDA LAND, LLC NAME 4900 WEST HUNDRED ROAD STREET ADORESS CITY-ST-ZIP CHESTER, VA 23831 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-72P TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000932416 05/22/08-80053-010 148.75

DATE

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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.

IZED REPRESENTATIVE

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUT.

4-24-08

804-706-4702