# **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # M06000005695 UPHOFF FLORIDA LAND, LLC



Mailing Address

4900 WEST HUNDRED ROAD CHESTER, VA 23831

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



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

Applied For 4. FEI Number 16-1773508 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

Principal Place of Business

CHESTER, VA 23831

4900 WEST HUNDRED ROAD

#### DO NOT WRITE IN THIS SPACE

|          | Signature, typed or printed name of registered agent and title if applicable                   | (NOTE: Registered Agent signature required when reinstating) | (                           | DATE                           |  |
|----------|--|--|-----------------------------|--------------------------------|--|
| SIGNATUR | =  |  |                             |                                |  |
|          | re named entity submits this statement for the purpose of chang<br>ations of registered agent. | ing its registered office or registered agent, or bo         | h, in the State of Florida. | I am familiar with, and accept |  |

#### FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| NAME STREET ADDRESS CITY-ST-ZIP                | MGR<br>UPHOFF, STEVEN M<br>4900 WEST HUNDRED ROAD<br>CHESTER, VA 23831 |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |

MANAGING MEMBERS/MANAGERS

U00000932388 05/22/08-80053-008 143.75

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11. I hereby certify that the information supplied with this filling 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 received 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, O

ZED REPRESENTATIVE

4-24-08

804-706-4702