

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005738

1. Entity Name
LAND 777, LLC



FILED

07 JUL 19 PM 3:27

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



07022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1773531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NING, ZHOU
638 UNITED STREET
KEY WEST, FL 33040

Name

Brian Uphoff

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

1800 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]

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME UPHOFF FLORIDA LAND, LLC
STREET ADDRESS 4900 WEST HUNDRED ROAD
CITY-ST-ZIP CHESTER, VA 23831

TITLE ☐ Change ☐ Addition
NAME 800106632528
STREET ADDRESS 07/24/07--01042--018
CITY-ST-ZIP **1500.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

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

7-2-07

Date

804-706-4702

Daytime Phone #