2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2008 8:00 am Secretary of State 03-21-2008 90022 039 ***150 00 **DOCUMENT # P02000053074** 1. Entity Name LAND ROVER SOUTHPOINTE, INC. 40049762 Principal Place of Business Mailing Address PO BOX 4009 5151 CLARK RD SARASOTA, FL 34233 SARASOTA, FL 34230 2. Principal Place of Business - No P.O. Box # Rosin Way Ofc. Park 3. Mailing Address Suite, Apt. #. etc. 5278 Station Way Suite, Apt. #, etc. CR2E034 (12/06) 03062008 Chg-P City & State City & State 4. FEI Number Applied For Sarasota, Florida 54-2063341 Not Applicable CHSA Zip Country \$8.75 Additional $\frac{7}{34233}$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NJÄCK D. URFER URFER, JACK D Street Address (P.O. Box Number is Not Acceptable) Rosin Way Office Park 5151 CLARK RD SARASOTA, FL 34233 5278 Station Way City Sarasota Zip Code 34233 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 (NOTE: Registered Agen) signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE Change ☐ Addition URFER, JACK D NAME NAME Urfer, Jack D. 5151 CLARK RD. STREET ADDRESS STREET ADDRESS 5278 Station Way CITY-S1-ZIP SARASOTA, FL 34233 CITY-ST-ZIP <u>Sarasota, Florida</u> TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition URFER, THELMA I NAME NAME 5151 CLARK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY - S1 - ZIF ☐ Delete ☐ Change Addition TITLE Urfer, Donald R. NAME NAME 5278 Station Way STREET ADDRESS STREET ADDRESS Sarasota, Florida 34233 CITY-ST-7IP CHY-SI-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fike empowered. SIGNATURE: Selve

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