2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000044335 1. Entity Name LAND INTERNATIONAL MANAGEMENT CORP.						FILED Feb 28, 2001 8:00 am			
						Secretary of State 02-28-2001 90059 040 ***150.00			
Principal Place of Business 1505 SE 40TH ST STE C CAPE CORAL FL 33906 US		Mailing Address 1505 SE 40TH ST STE C CAPE CORAL FL 33906 US				I BANNARI NA TANI INA MANA ANA ANA ANA ANA ANA ANA ANA ANA			
2. Principal Place	e of Business	3. Mailing Address							
Suite, Apt. #. e	etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. F	El Number 65-0772413		opolied For lot Applicable	
Zip	Country	Zip	Country	/	5. 0	Certificate of Status Desired	\$8.75 Ac Fee Requir		
	6. Name and Address of Current Reg	gistered Agent		Name	7. N	ame and Address of New Reg	istered Agent		
AMBURN, JAMES 1505 SE 40TH ST				Street Address (P.O. Box Number is Not Acceptable)					
STE C CAPE (CORAL FL 33904			City			Zip Co	de	
9. This corpora	anature. typed or printed name of registered agent and tion is eligible to satisfy its Intangible quirement and elects to do so. on back)	He if applicable. (NOT FILE NOW After MAY 1, 20 Make Check Paya	'!!! FEE 001 Fee v	S \$150.0 /ill be \$5	50.00	Instaling) 10. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	
NAME L	OFFICERS AND DI DPT LAND, WERNER 1661 ESTERO BLVD STE 22 FT MYERS BCH FL 33931	RECTORS	12. FITLE NAME STREE CITY-1	Í ADDRESS ST- 7IP	OPTS LAND, 201-3	WERNER Lenell Road rs Beach, FL 3	Z Change		
NAME STREET ADDRESS	vs Land, werner 1661 Estero BLVD Ste 22 Ft Myers BCH FL 33931	1 Delcte	1	ADDRESS	DV LAND, 201-3	FRANZISKA Lenell Road FS Beach, FL 3	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS	D LAND, 201-3	HELMUT Lenell Road rs Beach, FL-3		e 🕢 Addition	
TITLE NAME STREE1 ADDRESS CITY-ST-ZIP		Delete					Chang	e 📋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	_ 1	T ADDRESS			Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					Chang	ge 📋 Addition	
13. I hereby ce indicated c of the corp changed, c	ertify that the information supplied with t on this report or supplemental report is poration or the receiver or trustee entpol or on an attachment with an address, w URE: SIGNATURE AND TYPED OR PR	his filing does not qualify the and accurate and that when this report the secute this report that other like empowers when all other like empowers when the second of the	it my signal ort as requi od.	ure shall r ed by Cha	ted in Section ave the same apter 607, Flo	119.07(3)(i), Florida Statutes. I elegal effect as if made under o rida Statutes; and that my name LBR & Date	further certify that th ath; that I am an offi appears in Block 1	cer of director 1 or Block 12 if	