


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**30002043**

<b>DOCUMENT # L04000061044</b> 1. Entity Name <b>COOK LAND PROPERTIES, LLC</b>		
Principal Place of Business <b>1103 HICKORY WAY          WESTON, FL 33327</b>		Mailing Address <b>1103 HICKORY WAY          WESTON, FL 33327</b>
2. Principal Place of Business - No P.O. Box # <b>2721 EXECUTIVE PARK DR.</b>		3. Mailing Address <b>2721 EXECUTIVE PK DRIVE</b>
Suite, Apt. #, etc. <b>SUITE 4</b>		Suite, Apt. #, etc. <b>#4</b>
City & State <b>WESTON FL</b>		City & State <b>WESTON, FL</b>
Zip <b>33331</b>		Zip <b>33331</b>
Country 		Country 
4. FFI Number <b>20-1509691</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>COOK, CORYDON          1103 HICKORY WAY          WESTON, FL 33327</b>		7. Name and Address of New Registered Agent Name 
		Street Address (P.O. Box Number is Not Acceptable) <b>2721 EXECUTIVE PARK DRIVE</b>
		<b>SUITE 4</b>
		City <b>WESTON</b> FL Zip Code <b>33331</b>
8. The above named entity submits this statement of 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 <i>Cory Cook</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		DATE <b>2/7/08</b>
<b>FILE NOW!!! FEE IS \$138.75          After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE <b>MGR</b>	NAME <b>COOK, CORYDON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1103 HICKORY WAY</b>	STREET ADDRESS <b>2721 EXECUTIVE PARK DRIVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>WESTON, FL 33327</b>	CITY-ST-ZIP <b>SUITE 4          WESTON, FL 33331</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Cory Cook</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>2/7/08</b> Daytime Phone # <b>954-399-1333</b>