

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90156 019 \*\*\*\*50.00

DOCUMENT # L01000001023

1. Entity Name

SCOTT LANDMARK ENTERPRISES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2119 Landmark Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1195

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

The Plains, VA

City & State

Middleburg, VA

4. FEI Number

266-78-6730

Applied For

Not Applicable

Zip

20198

Country

USA

Zip

20118

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

H.W. Shad

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

5031 Yacht Club Rd

City

Jacksonville

FL

Zip Code

32210

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

*H.W. Shad*

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

3/15/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Sarah J. Scott 2119 Landmark Rd The Plains, VA 20198
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Sarah J. Scott* Sarah J. Scott

3-11-03

540-687-8550

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

Date

Daytime Phone #