

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105373

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** LANGFORD LANDING LLC

**Current Principal Place of Business:**

555 COLORADO AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

C/O JANICE L. RUSSELL  
ONE SE 3RD AVE 28TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

555 COLORADO AVENUE  
STUART, FL 34994

**New Mailing Address:**

C/O JANICE L. RUSSELL  
ONE SE 3RD AVE 28TH FLOOR  
MIAMI, FL 33131

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: HANDLEY, RICHARD C  
Address: 450 E. LAS OLAS BLVD., SUITE 1500  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD C. HANDLEY

MGR

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date