

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025555

Entity Name: LANDYAP ASSOCIATES, L.L.C.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

4410 S.W. RIVER OVERLOOK DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4410 S.W. RIVER OVERLOOK DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 35-2250347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALENSKE, THOMAS B
4410 S.W. RIVER OVERLOOK DRIVE
VALRICO, FL 33594 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: MGRM () Delete
Name: PALENSKE, THOMAS B
Address: 4410 S.W. RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: PALENSKE, JERYN
Address: 4410 S.W. RIVER OVERLOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: FRANKS, CHAD P
Address: 9904 GOLDEN ROD CIRCLE, SE
City-St-Zip: ALBUQUERQUE, NM 87116

Title: MGRM () Delete
Name: FRANKS, KIM D
Address: 9904 GOLDEN ROD CIRCLE, SE
City-St-Zip: ALBUQUERQUE, NM 87116

Title: MGRM () Delete
Name: RICHTER, JONATHAN E
Address: 708 HOWARD'S LOOP
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RICHTER, JONATHAN E
Address: 9745 LEEWARD WAY
City-St-Zip: NAVARRE, FL 32566

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: KIM FRANKS

MGRM

04/19/2007

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