


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90010 030 ***150.00

DOCUMENT # 334700	
1. Entity Name FLORIDA LANDMARK COMMUNITIES, INC.	

Principal Place of Business 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916 US	Mailing Address 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1024709	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIVINGSTON, WILLIAM I ONE CORPORATE DR STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, CLINTON F III ONE CORPORATE DR STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLQUIST, LAURA A 4315 METRO PKWY STE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLAMBECK, BARBARA 4315 METRO PARKWAY, SUITE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NATIELLO, JOHN A 4315 METRO PARKWAY, SUITE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUSBY, DAVID ONE CORPORATE DR., STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NATIELLO  **CONTINUED** 2/23/06 239-333-3300
Date Daytime Phone #

ATTACHMENT

40021071

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 334700 Continued

FLORIDA LANDMARK COMMUNITIES, INC.

Line 10 Continued

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Line 11 Continued

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHANNESMEYER, JOHN C. JR		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LINEHAN, EILEEN		
STREET ADDRESS	ONE CORPORATE DR., STE 3A		
CITY-ST-ZIP	PALM COAST, FL 32137-4715		
TITLE	TAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HORVATH, MARGARET		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		