


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 844409 1. Entity Name THE LANDMARKS GROUP PROPERTIES CORPORATION	
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Principal Place of Business 121 W. TRADE SUITE 2550 CHARLOTTE, NC 28202 US	Mailing Address 121 W. TRADE SUITE 2550 CHARLOTTE, NC 28202
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1288846	Applied For <input type="checkbox"/> 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000131222
04/26/04-80146-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FAISON, HENRY J 121 W. TRADE , SUITE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORWOOD, PHILIP W 121 W. TRADE , SUITE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WHITAKER, BILLIE R 121 W. TRADE , SUITE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, ALLEN S JR 121 W. TRADE , SUITE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARMER, NANCY L 121 W. TRADE, SUITE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Nancy L. Farmer

NANCY L. FARMER

4/12/2004

704-972-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #