2000 UNIFORM BUSINESS REPORT (UBR)

					_			
DOCUMENT # A09142 1. Entity Name								
LANDMARK INVESTORS, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 2227 N. WESTSHORE 2227 N. WESTSHORE TAMPA FL 33607 TAMPA FL 33607-5710					00 FEB -2 PM 2: 03			
					!]			
Principal Place of Business 3. Mailing Address			s		- 1 1901/6/13 4071 603/10 (DIDI 110)/ QITITA (10) BIBN QITITA GIRN QITITA BIRN QITITA BIRN QITITA GIRN ARBI			
Suite, Apt. #, etc. Suite, Apt. #, etc.			c.			DO NOT WRITE IN THIS SPACE		
City & State City &			State		4. FEI Number	59-2039983	Applied For Not Applicable	
Zip	Country Zip		Count	try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
CORBETT, RICHARD A 2227 N. WESTSHORE BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA F	L 33607							
				City		F	Zip Code	
8. The above	e named entity submits this statement	for the purpose of chan	iging its registere	ed office or register	ed agent, or both.	, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable	(NOTE: Registered	d Agent signature required	when reinstating)	DAT	E	
9. Capital Co as Shown	on record.	in FLORII	of Capital Contrib DA to date.				FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINE	SS ENTITY MI	UST BE REGIST	TERED AND AC	TIVE WITH THIS OFFI	CE.	
12.			13.	, all amendmen	it filust be filed	ADDRESS CHANGES		
DOCUMENT#	CORBETT, RICHARD A s 2227 N. WESTSHORE BLVD.					ADDITION OF THE TOLO		
NAME				ET ADORESS	ADDRESS			
STREET ADDRESS				- ST - ZIP	8)			
CITY-ST-ZIP DOCUMENT#								
NAME	BROWN SEA, INC.		STRE	ET ADDRESS				
STREET ADDRESS CITY - ST - ZIP	2227 N. WESTSHORE BLVD. TAMPA FL 33607			-ST-ZIP	<u> </u>			
DOCUMENT# NAME	5			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	4000031232545 -02/03/0001103021 ****\$535.00 ****\$535.00			
DOCUMENT # NAME				ET ADDRESS				
STREET ADDRESS CITY+ST-ZIP			спу-	ST-ZIP				
DOCUMENT# NAME			STREE	ET ADDRESS				
STREET ADDRESS CITY _E ST-ZIP	·		CITY	· ST-ZIP				
DOCUMENT#	s c			ET ADORESS				
STRUET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. 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 pry signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNAT	URE: //SIGUAT		MED	Richard (Corbett	1~31~00 8.	13-870-1194	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dat								