


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

| | | | |
|--|---------------------------------------|---|---------|
| DOCUMENT # A10514 | |  | |
| 1. Entity Name LANDMARK ASSOCIATES, LTD. | | | |
| Principal Place of Business 2100 W. BEACH DRIVE Y-204 PANAMA CITY FL 32401 | | Mailing Address 2100 W. BEACH DRIVE Y-204 PANAMA CITY FL 32401 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2178414 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LONDONO, J.H. 2100 W. BEACH DR. Y-204 PANAMA CITY FL 32401 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 Signature, typed or printed name of registered agent and title, if applicable | | DATE | |
| 9. Capital Contributions as Shown on record. \$1,035,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | |
| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | LANDMARK GENERAL PARTNERS, LLC | CITY- ST- ZIP | |
| STREET ADDRESS | 2100 W. BEACH DR., Y-204 | | |
| CITY- ST- ZIP | PANAMA CITY FL 32401 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY- ST- ZIP | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY- ST- ZIP | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY- ST- ZIP | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY- ST- ZIP | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

U00000220025
02/08/05-80052-005 526.25

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 my 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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/29/05 **850 785 5935**
Date Daytime Phone #

STAPLE CHECK HERE