


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # A10514 1. Entity Name LANDMARK ASSOCIATES, LTD.	
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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
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2. Principal Place of Business 2100 W. BEACH DRIVE Suite, Apt. #, etc. I 201 City & State PANAMA CITY - FL Zip 32401	3. Mailing Address 2100 W. BEACH DRIVE Suite, Apt. #, etc. I 201 City & State PANAMA CITY - FL Zip 32401
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1st MOORE CR2E003 (10/05)

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) 2100 W. Beach Dr I 201 City PANAMA CITY FL Zip Code 32401	

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	LANDMARK GENERAL PARTNERS, LLC	STREET ADDRESS	2100 W. Beach Drive I 201
NAME	2100 W. BEACH DR., Y-204	CITY - ST - ZIP	PANAMA CITY - FL 32401
STREET ADDRESS	PANAMA CITY FL 32401		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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03/20/06--01013--019 **500.00

14. 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 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

2/20/06 352 2627648

Daytime Phone #

STAPLE CHECK HERE