

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # B93000000427

1. Entry Name
 LANDMARK LTM COMPANY, L.P., A VIRGINIA LIMITED
 PARTNERSHIP



Principal Place of Business
 150 WEST BRAMBLETON AVENUE
 NORFOLK, VA 23510

Mailing Address
 150 WEST BRAMBLETON AVENUE
 NORFOLK, VA 23510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-LP

CR2E003 (10/03)

4. FEI Number

54-1589296

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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.

\$0.00

10. Amount of Capital Contributions
 in FLORIDA to date.

0

141.25

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 # P33474
 NAME LTM HOLDINGS, INC.
 STREET ADDRESS 150 WEST BRAMBLETON AVE.
 CITY-ST-ZIP NORFOLK, VA 23510

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1000000126067
 01/26/05-80086-023 141.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-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 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: *Juan J. Goetz* *Susan J. Goetz* 1/14/07 752-446-2013
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE