2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001711

Address:

City-St-Zip:

Entity Name: LANDRUM CAMBRIDGE, L.L.C.

FILED Apr 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4143 SHERWOOD RD JACKSONVILLE, FL 32210 **Current Mailing Address: New Mailing Address:** PO BOX 7929 JACKSONVILLE, FL 32238 FEI Number: 59-3629726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDREWS, JR., JAMES H 4143 SHERWOOD RD JACKSONVILLE, FL 32210 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition HENDRICKS, ROBERT H Name: Name: 2207 SAWGRASS VILLAGE DR. Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GITTINGS, ROBERT L Name: Address: 45 WEST BAY STREET, STE 203 Address: City-St-Zip: JACKSONVILLE, FL 32201 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANDREWS, JR., JAMES H Name: Name: Address: PO BOX 7929 Address: City-St-Zip: JACKSONVILLE, FL 32238 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition Name: Name: WALDORF, JAMES C 8280 KINDRED SPIRIT LN. Address: Address: City-St-Zip: City-St-Zip: ST. AUGUSTINE, FL 32092 Title: () Delete Title: () Change (X) Addition THOMASON, JAMES M Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

302 BROCADE CT.

PEACHTREE, GA 30269

SIGNATURE: JAMES H. ANDREWS, JR. MGRM 04/24/2005