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LDG ISLA VISTA, LLC							01 MAY -1 PM 5: 14					
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Principal Place of Business Mailing Address							,	SECRE TALLAH	ASSEE.	FLORIDA	4	
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2. Principal F		:/ō			* 11			DOIST REAL BOOK				
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Naples, FL			Naples, FL				59-3	646573	· · · · · ·	No	t Applicable	
Zip	•	Country	Zip	Cour	ntry		5. Certific	ate of Status Desired		\$5.00 Ad		
34110 US		uS and Address of Current I	34110	<u>US</u>	<del></del>		7. Name and Address of New Registered Agent			Fee Require	aquirea	
	b. Name	and Address of Current I	registered Agent		Name		7. 1401110	and Address of New	negisterou :	Agoin		
CLASE II	NC								<u> </u>			
CLASP INC. 3001 TAMIAMI TRAIL NORTH 4TH FLOOR					Street A	Address (F	P.O. Box Nu	mber is Not Acceptab	e)			
	FL 34103	L NORTH 41111 LOOK								· · · · ·		
NAPLES	FL 34103				City		· -			Zip Cod		
					Oity				FL	-		
8. The above	e named entit	y submits this statement for	the purpose of changing its	s register	ed office o	r registere	ed agent, or	both, in the State of F	orida.			
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	Registere	d Agent signat	ure required	when reinstating	<del></del>	DATE		<del></del>	
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				i led	FEE IS		"	05/21-05/21	<del>7</del> 010	11870	)09 T	
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9.		MANAGING MEMBE	BS/MEMBERS	10.				ADDITIONS	/CHANGES			
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11. 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 managing member or manager of the limited liability company or the receiver or prospect of the execute this report as required by Chapter 608, Florida Statutes.

LANDMARK DEVELOPMENT GROUP, LLC, Manager

SIGNATURE: By: JANUE RECOLD F SARTHUR Shafran, its Manager SIGNATURE AND TYPE OF PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date

<u>941-597-8</u>400

Daytime Phone #