


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007413</b> 1. Entity Name <b>LANDMARK RESIDENTIAL MANAGEMENT, LLC</b>	
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Principal Place of Business <b>201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>	Mailing Address <b>201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>
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04282005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1022896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FIELDSTONE, RONALD R 201 ALHAMBRA CIR SUITE 601 CORAL GABLES, FL 33134</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUBECK, JOSEPH G 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134
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05/04/05-80018-006 50.00

**DO NOT WRITE  
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

*Ronald R. Fieldstone* 4/28/05 305-357-1001

Date

Daytime Phone #