

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007413

FILED
Apr 20, 2011
Secretary of State

Entity Name: LANDMARK RESIDENTIAL MANAGEMENT, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

825 PARKWAY STREET, SUITE 4
JUPITER, FL 33477

New Mailing Address:

3505 E FRONTAGE RD, STE 150
TAMPA, FL 33607

FEI Number: 65-1022896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
3505 E FRONTAGE RD, STE 150
TAMPA, FL 33607 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: ELCO LANDMARK RESIDENTIAL MANAGEMENT LLC

04/20/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FIELDSTONE, RONALD R
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: LUBECK, JOSEPH G
Address: 201 ALHAMBRA CIRCLE, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: HIRT, FRED
Address: 201 ALHAMBRA CIR STE 601
City-St-Zip: MIAMI, FL 33134

Title: MGR
Name: LESTER, PAUL A
Address: 201 ALHAMBRA CIR STE 601
City-St-Zip: MIAMI, FL 33134

Title: MGR
Name: DENBERG, MICHAEL B
Address: 201 ALHAMBRA CIR STE 601
City-St-Zip: MIAMI, FL 33134

I hereby 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.

SIGNATURE: ELCO LANDMARK RESIDENTIAL MANAGEMENT LLC

MGRM

04/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date