

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90417 012 \*\*\*\*55.00

DOCUMENT # L01000001748  
1. Entity Name  
LANDMARK Kitchen Design, L.L.C.

968602

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 571 3rd Ave N. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Naples, Florida		City & State	
Zip 34102	Country	Zip	Country

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4. FEI Number  
59-3696717

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

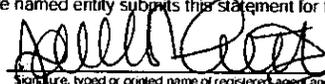
7. Name and Address of Current Registered Agent

Name  
JAMES R SMITH

Street Address (P.O. Box Number is Not Acceptable)  
571 3rd Ave North

City  
Naples FL Zip Code  
34102

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.

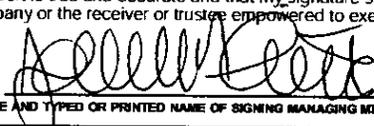
SIGNATURE  JAMES R SMITH 6/4/02  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMES R. SMITH 571 3rd Ave N Naples, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  JAMES R SMITH 6/4/02 239.659.4003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #