## **2003 LIMITED LIABILITY COMPANY**

UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L0100003623  1. Entity Name LDG MP-30, LLC					FILED - 2003 MAY -2 AM 8:59			
Principal Place of Business C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT NAPLES FL 34110		Mailing Address C/O LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT NAPLES FL 34110		DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address			1   100   101   101   101   101   101   101   101   101   101   101   101   101   101   101   101   101   101			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Numb	per <b>59-3704885</b>	<b>├</b>	plied For t Applicable	
Zip	Country	Zip	Count	try	5. Certificate	e of Status Desired	\$5.00 Add Fee Required	
	6. Name and Address of Current F	legistered Agent			7. Name and	d Address of New Regis	tered Agent	
3001	SP INC. I TAMIAMI TRAIL NORTH, 4TH FLO LES FL 34103	OR .		Name Cohen & Street Address (I 27200 R Suite 3 City Bonita				
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  Signature, fixed or printed name of registered agent and the if applicable.  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 and the if applicable.  DIESTOR								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003								
9.	MANAGING MEMBER	RS/MANAGERS	10.		•	ADDITIONS/CHA	NGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDMARK DEVELOPMENT GRO 5668 STRAND COURT NAPLES FL 34110	Delete Delete			61 05/02	0001 <b>786</b> : 2/030102700		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				·	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-	ET ADDRESS ST-ZIP			☐ Change	Addition
11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for hat my signature shall have t	the exer	nption stated in Se	ction 119.07(3)	)(i), Florida Statutes, I furth	ner certify that the in member or manager	formation

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TWEED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE