

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90052 034 ****55.00

DOCUMENT # L01000004036

1. Entity Name

LANDVEST GROUP, L.L.C.



Principal Place of Business

2147 PORTER LAKE DR
SUITE B
SARASOTA FL 34240

Mailing Address

2147 PORTER LAKE DR
SUITE B
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1085969

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, SCOTT W
22 SOUTH LINKS AVE.
SUITE 300
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME W.F. SCUTT INC.
STREET ADDRESS 618 137TH STREET N.E.
CITY-ST-ZIP BRADENTON FL 34202

☐ Delete

TITLE
NAME
STREET ADDRESS 17507 WATERLINE ROAD
CITY-ST-ZIP BRADENTON, FL 34212

☒ Change ☐ Addition

TITLE MGR
NAME RICHARD H. ROSENBERG, INC.
STREET ADDRESS 2147 PORTER LAKE DRIVE SUITE B
CITY-ST-ZIP SARASOTA FL 34202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME KEVIN E. BRUNDAGE, INC.
STREET ADDRESS 1251 OAKFORD ROAD
CITY-ST-ZIP SARASOTA FL 34240

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/03

Date

Daytime Phone #

CR2E083 (10/02)