


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90350 010 \*\*\*\*50.00

<b>DOCUMENT # L01000008866</b>	
1. Entity Name <b>LANDMARK GENERAL PARTNER, LLC</b>	

Principal Place of Business <b>6715 S.W. 35TH WAY GAINESVILLE FL 32608</b>	Mailing Address <b>6715 S.W. 35TH WAY GAINESVILLE FL 32608</b>
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2. Principal Place of Business <b>2100 W. BEACH DR</b>	3. Mailing Address <b>2100 W. BEACH DR</b>
Suite, Apt. #, etc. <b>Y-204</b>	Suite, Apt. #, etc. <b>Y-204</b>
City & State <b>PANAMA CITY - FL</b>	City & State <b>PANAMA CITY - FL</b>
Zip <b>32401</b>	Zip <b>32401</b>
Country	Country



MOORE CR2E083 (11/03)

4. FEI Number <b>03-0450197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LONDONO, JACK 6715 S.W. 35TH WAY GAINESVILLE FL 32608</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2100 W. BEACH DR - Y 204</b> City <b>PANAMA CITY</b> FL Zip Code <b>32401</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LONDONO, JACK 6715 S.W. 35TH WAY GAINESVILLE FL 32608.</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2100 W. BEACH DR - Y 204 PANAMA CITY - FL 32401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **3/25/04 850-785-5935**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #