

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90084 045 \*\*\*\*50.00

**DOCUMENT # L01000008866**

1. Entity Name

**LANDMARK GENERAL PARTNER, LLC**



Principal Place of Business

**6715 S.W. 35TH WAY  
GAINESVILLE FL 32608**

Mailing Address

**6715 S.W. 35TH WAY  
GAINESVILLE FL 32608**

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

**APPLIED FOR**

**03-0450197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LONDONO, JACK  
6715 S.W. 35TH WAY  
GAINESVILLE FL 32608**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGRM LONDONO, JACK 6715 S.W. 35TH WAY GAINESVILLE FL 32608</b>	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: X** **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**2/24/03 352 371 0056**

CR2E083 (10/02)

Attachment

30088888

#101000008866

21:33 FAX 6314774991

IRS TELETYPE

**Employer Identification  
Number (EIN) Cover Sheet**

Date
May 31, 2002
No. of pages (including this one)

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-866-816-2065

JACK LONDONO  
352-335-6222

From	Tax Examiner
01340-4515-7	
Phone	

**ATTENTION**

Name of Entity

Landmark General Partner LLC  
03-0450197

Name of Entity

Name of Entity

☐ Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

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