2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L01000012010

Entity Name: LANDMARK TOWERS, LLC

Current Principal Place of Business:

C/O GFI
50 BROADWAY, 4TH FLOOR
NEW YORK, NY 10004

New Principal Place of Business:

C/O GFI
50 BROADWAY, 5TH FLOOR
NEW YORK, NY 10004

Current Mailing Address:

C/O GFI
50 BROADWAY, 4TH FLOOR
NEW YORK, NY 10004

New Mailing Address:

C/O GFI
50 BROADWAY, 5TH FLOOR
NEW YORK, NY 10004

FEI Number: 13-4182408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GROSS, EDITH
Address: 50 BROADWAY, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: VP ( ) Delete
Name: SCHACTER, ALAN
Address: 50 BROADWAY, 4TH FLOOR
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GROSS, EDITH
Address: 50 BROADWAY, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: VP (X) Change ( ) Addition
Name: SCHACTER, ALAN
Address: 50 BROADWAY, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10004

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN SCHACTER V 04/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date