2005 LIMITED LIABILITY CONTANY ANNUAL REPORT

DOCUMENT # L01000019106

Entity Name
 LANDMARK AVIATION, LLC



FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business 201 ALHAMBRA CIRCLE

SUITE 601 CORAL GABLES, FL 33134 Mailing Address

201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134



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04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 47-0913960 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134

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	ove named entity submits this statement for the purpose of chaigations of registered agent.	anging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accep	λt
SIGNATUI	DF			
Oldivilo	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE	3 -
	Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	LUBECK, JOSEPH G			

STREET ADDRESS 201 ALHAMBRA CIR STE 601 CITY-ST-ZIP CORAL GABLES, FL 33134 FLSD ASSOCIATES NAME 201 ALHAMBRA CIRCLE SUITE 601 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP MGR LESTER, PAUL A NAME 201 ALHAMBRA CIR STE 601 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP 101E NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000355995 05/04/05-80018-003 50.00

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11. I hereby certify that the information subplied 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

365-357-1001

Daytime Phone #