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Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90001 040 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021889

1. Entity Name
LDG MP-3, LLC

94007761

01122004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
% LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT NAPLES, FL 34110	% LANDMARK DEVELOPMENT GROUP 5668 STRAND COURT NAPLES, FL 34110

2. Principal Place of Business	3. Mailing Address
15911 Roseto Way	15911 Roseto Way
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34110 Country: U.S.A.	Zip: 34110 Country: U.S.A.

4. FEI Number 60-0001917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN & GRIGSBY, P.C. 27200 RIVERVIEW CENTER BLVD SUITE 309 BONITA SPRINGS, FL 34134	Name: ERLEEN C. LUDWIG Street Address (P O Box Number is Not Acceptable): 15911 Roseto Way City: Naples FL Zip Code: 34110

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

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDMARK DEVELOPMENT GROUP, LLC 5668 STRAND COURT NAPLES, FL 34110 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER/Member Erleen C. Ludwig 15911 Roseto Way Naples, FL 34110 ☒ 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
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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: Erleen C. Ludwig, as Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #