2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002358

1. Entity Name



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90017 008 ****55.00

LANDVE	ST I, L.L.C.			
Principal Place of Business 2147 PORTER LAKE ROAD SUITE B SARASOTA FL 34240		Mailing Address 2147 PORTER LAKE ROAD SUITE B SARASOTA FL 34240		
2. Principal	Place of Business	3. Malling Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•
0:				CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional
	6. Name and Address of Curr	rent Registered Agent		Fee Required 7. Name and Address of New Registered Agent
DUI	ಕು <u>೨</u> ೯೯ ಕರ್ಮಿ ೨೨ ಗೌ	The state of the second	Name	77 Hadic and Addiess of New Negistered Agent
DUNLAP, SCOTT W 22 SOUTH LINKS AVE. SUITE 300 SARASOTA FL 34236			Street Addre	ess (P.O. Box Number is Not Acceptable)
	7.00 11.12 5 1255			
			City	FL Zip Code
The above the obligation	e named entity submits this statement tions of registered agent.	nt for the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	E: Registered Agent signature red	quired when reinstating) DATE
		Make Check Payab Du	e By May 1, 2003	
9. TITLE	MANAGING MEN	MBERS/MANAGERS	10.	ADDITIONS/CHANGES
NAME Street Address City-St-Zip	W.F. SCUTT, INC. 618-137TH STREET N.E. BRADENTON FL 34202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7507 WATERLINE Rd. VADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR -RIGHARD E. BRUNDAGE INC -2454 OAKFORD ROAD SARASOTA FL 34240		NAME STREET ADDRESS	EVIN E. BYUNDALE INC. Addition 251 DAKFORD RAD RAD PROPERTY. FL. 34240
NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDVEST, L.L.C. SS 2147 PORTER LAKE ROAD SUITE B SARASOTA FL 34240		NAME STREET ADDRESS CITY-ST-ZIP	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Maddition Change Maddition Change Maddition Change Maddition Change Maddition Change Maddition Change Maddition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information

ignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the second his report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or trustee empo

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

Daytime Phone #