


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90077 041 \*\*\*\*50.00

**DOCUMENT # L02000015071**

1. Entity Name  
**LANDMARK DESOTO, LLC**



Principal Place of Business <b>1195 SW LIVE OAK COVE          FT PIERCE, FL 34986</b>	Mailing Address <b>1195 SW LIVE OAK COVE          FT PIERCE, FL 34986</b>
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**DO NOT WRITE IN THIS SPACE**



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>04-3687038</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLSON, ANDREA G  
 1195 SW LIVE OAK COVE  
 FT PIERCE, FL 34986**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLSON, ANDREA G 1195 SW LIVE OAK COVE FT PIERCE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLSON, HAROLD K 1195 SW LIVE OAK COVE FT PIERCE, FL 34986
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**DO NOT WRITE IN THIS SPACE**

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: Andrea G. Nicholson **Andrea G. Nicholson** 1-17-05 340-0735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #