

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015071
 1. Entity Name
 LANDMARK DESOTO, LLC



Principal Place of Business Mailing Address
 1195 SW LIVE OAK COVE 1195 SW LIVE OAK COVE
 FT PIERCE, FL 34986 FT PIERCE, FL 34986



01062006No Chg-LLC CR2E083 (11/05)
 4. FEI Number Applied For
 04-3687038 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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: *Andrea G. Nicholson* DATE: *1/6/06*
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, 2006

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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 01/11/06-80050-004 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* Date: *1/6/06* Daytime Phone #: *7723400735*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Andrea G. Nicholson