



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L020000715071		
1. Entity Name LANDMARK DESOTO, LLC		
Principal Place of Business 1195 SW LIVE OAK COVE FT PIERCE, FL 34986	Mailing Address 1195 SW LIVE OAK COVE FT PIERCE, FL 34986	

DO NOT WRITE IN THIS SPACE



01242008 No Chg-LLC CR2E083 (12/07)

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

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

B. 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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 02/12/08-80072-020-138.75

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  **1/30/08** **572-216-4109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #