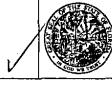
2003 LIMITED LIAB Y COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020542

Entity Name

LANDIS & LANDIS, LLC



FILED May 13, 2003 8:00 an Secretary of State

03-26-2003 90044 043 ****50.00

nitulo u	EANOIS, EEC			/		9				
incipal Place of Business Mailing Address 151 CUTLASS DRIVE 18451 CUTLASS DRIVE RT MYERS BEACH FL 33931 FORT MYERS BEACH I			LASS DRIVE	931			55040330			
		•						11 100 11 111 1111		111 111 111
Principal Pl	ace of Business	3. Mailing	3. Mailing Address .							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Numt	oer -/619923			oplied For ot Applicable
Zip	Country	Zip		Coun	try	5. Certificati	e of Status Desired		55.00 Add ee Require	
	6Name and Address of Current	Registered A	gent		I	7. Name an	d Address of New R	egistered A	gent	
				-	Name					
	DIS, STEPHEN R 1 CUTLASS DRIVE		• •		Street Addres	s (P.O. Box Numb	er is Not Acceptable)	· · · · · · · · ·	
	MYERS BEACH FL 33931								····	
				•						
					City			FL	Zip Cod	e
tne obligation	named entity submits this statement fo ons of registered agent. Signature, typed or printed name of registered agent.				d Agent signature requ			DATE	<u>-</u>	<u> </u>
		Make (heck Payable	to Fi	EE IS \$50.0 Dride Departn ay 1, 2003 / \$	ent of State	<u>-</u>			
	MANAGING MEMBE	RS/MANAGE	RS	10.	·		ADDITIONS/	CHANGES		
LE VE REET ADDRESS Y-ST-ZIP	STEPHEN R. LANDIS 18451 CUTLASS DR	<i>16-RM</i> 71 33931	☐ Delete	4	1 '				Change	Addition
le Me Reet adoress	LARRY A. LANDIS 5020 RIVERVIEW DRIV	M	☐ Delete		E EET ADDRESS	*		,	☐ Change	Accition
₹+ST-ZIP	INDIANAPOLIS, IN 46		☐ Celete	CITY	- ST- ZIP	· .			☐ Change	Addition
AE SEET ADDRESS Y-ST-ZIP		•	···	1	E ET ADORESS -ST-ZIP					
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REET ADDRESS Y-ST-ZIP		-		STRE	ET ADDRESS -ST-ZIP					<u>. </u>
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(-ST-ZIP	artify that the information supplied with	Tigal Fig.		CITY	ST-ZIP	0	(1) El			

Indeedy certify that the information supplied with this liting 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.

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

3-23-03 239 466 9292