2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# L02000027282

Entity Name: LANDCO, L.L.C.

Current Principal Place of Business:

425 NORTH FEDERAL HIGHWAY
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

425 NORTH FEDERAL HIGHWAY
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 13-4217521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRDMAN, LOUIS
425 NORTH FEDERAL HIGHWAY
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BIRDMAN, HARVEY
Address: 425 NORTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR ( ) Delete
Name: SUNVEST RESORT COMMU, NITIES
Address: 425 NORTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR ( ) Delete
Name: FRIEDMAN, HARRIS
Address: 425 NORTH FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARRIS FRIEDMAN MGR 01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date