


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90106 005 \*\*\*\*50.00

<b>DOCUMENT # L02000027745</b>	
1. Entity Name HOME DEVCO/LANDMARK L.L.C.	

Principal Place of Business 15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446 US	Mailing Address 15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446 US
---	---

**24009696**



2. Principal Place of Business 5350 W. ATLANTIC AVE. Suite/Apt. #, etc. 100	3. Mailing Address 5350 W. ATLANTIC AVE. Suite/Apt. #, etc. 100
--	--

01082004 Chg-LLC CR2E083 (10/03)

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33484	Zip 33484
Country	Country

4. FEI Number 36-4520156	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  KORN, GARY A 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOME DEVCO/LANDMARK, INC. 15340 JOG ROAD, SUITE 100 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Home Devco/Landmark, Inc. 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>Signature and typed or printed name of signing managing member, manager, or authorized representative</b> Stephen F. Pasco, VP Home Devco/Landmark, Inc.	<b>Date</b> 1-29-04	<b>Daytime Phone #</b> 561 638 3600
---	---	------------------------	--