

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0056898

DOCUMENT # L02000027745

1. Entity Name

~~HOME DEVCO/PGA LLC~~
HOME DEVCO / LANDMARK, LLC.



FILED

2003 MAY -2 AM 8:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

15340 JOG ROAD
SUITE 100
DELRAY BEACH FL 33484
US

Mailing Address

15340 JOG ROAD
SUITE 100
DELRAY BEACH FL 33484
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33446

Country

Zip

33446

Country

4. FEI Number

36-4520156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

000017867113

05/02/03--01024--011 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOME DEVCO/PGA, INC.
STREET ADDRESS 15340 JOG ROAD, SUITE 100
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Home Devco / Landmark, Inc.
STREET ADDRESS 15340 Jog Road, Suite 100
CITY-ST-ZIP Delray Beach, FL 33446 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

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

STEPHEN P. PACOCH

Date

4/29/03

Daytime Phone #

561 638-3600

CR2E083 (10/02)