LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031835

1. Entity Name

SIGNATURE: MM W.



Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90040 016 ****50.00

Daytime Phone #

LANDPOW	ER, LLC			
	DO NOT WRITE	E IN THIS S	SPACE	
				· ·
2. Principal Place of Business 4466 MSTRTS BLVD.		3. Mailing Address 4466 MCGIRTS BLVD.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For
JACKSONVIlle, FL.		JACKSONVILE, FL.		03-0506447 Not Applicable
Zip 322/0	Ountry Duval	32210	DUVAL	5. Certificate of Status Desired Sta
			Name	7. Name and Address of Current Registered Agent
	DO NOT W	(DITE	STONEB	URNER BERRY + SIMMONS
			Street Address	(P.O. Box Number is Not Acceptable)
	IN THIS SE	ALE		
•			City	onrille, FL. FL Zip Code
8. The above	named entity submits this statement for one of egistered agent.	or the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	SIOMS SIM	May 4	\$	4-15-03
	Signature, types or printed name of registered agent	and title if applicable.	FEE IS \$50.00	DATE
		Make Check Pay	able to Florida Departm	ent of State
9.	MANAGING MEMB	ERS/MANAGERS	- r	
TITLE	PRINCIPAL		THU	
NAME STREET ADDRESS	JOHN W. SIMMO		NAME STREET ADDRESS	
CITY-ST-ZIP	JACKSUNVILLE, F	136°0. 2. 32210	CITY-ST-ZIP	
TITLE		<u></u>	TITLE	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
11. I hereby ce	ertify that the information supplied with	this filing does not qualify	for the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information
indicated d	on this report is true and accurate and sility company or the receiver or truste	l that my signature shall ha	ve the same legal effect as if r	made under oath: that I am a managing member or manager of the

4-9-03
MANAGER, OR AUTHORIZED REPRESENTATIVE