2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000033652

1. Entity Name

LANDVIEW PALMA SOLA, LLC

Principal Place of Business

% ALBERT MYARA 8319 MARKET STREET BRADENTON, FL 34202 Mailing Address

% ALBERT MYARA 8319 MARKET STREET BRADENTON, FL 34202

FILED Apr 19, 2004 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04122004 No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 65-1078930 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

EDWARDS, SHERYL A ESQUIRE

6. Name and Address of Current Registered Agent

1800 SECOND STREET, SUITE 720 SARASOTA, FL 34236

SIGNATURE:

DO NOT WRITE IN THIS SPACE

• The chouse	parried earlier culturals this explanate for the purpose of absorbing to conjugate	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
	manied entity southing this statement for the purpose of changing its register lons of registered agent.	ed diside or registered agent, or both, in the State of Fiorida. I am familiar with, and accept
SIGNATURE_	The second secon	Programme and the second secon
	Signature, typed or printed name of registered agont and title if applicable. [NOTE, Register	d Agent signature required when remetating) DATE
Filing Fee is \$50.00 Due by May 1, 2004		
g.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	04/10/24 00484 002 50 00
NAME	LANDVIEW DEVELOPMENT, LLC	04/19/04-80104-023 50.00
STREET ADDRESS	4484 HIGHLAND PARK	
CITY-ST-ZIP	SARASOTA, FL 34201	
TITLE		See and the second seco
Name		
STREET ADDRESS		
CITY-ST-ZIP	and the commentation of the control	
TITLE		
NAMÉ		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP	No. of the control of	DO NOT ANDITE
TITLE		IN THIS SPACE
name		IN THIS STACE
STREET ADDRESS		
City-51-ZiP	<u> </u>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	A CONTRACTOR OF	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 accystate and that my signature shall have the same legal effect as if made under cath; that I arm a managing member or manager of the limited liability company or the received or trustee empowered to execute the report of the Chapter 608. Florida Statutes.		

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE