

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90028 039 ****50.00

DOCUMENT # L03000008072					
1. Entity Name THE LANDING LLC					
Principal Place of Business 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460			Mailing Address 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460		
2. Principal Place of Business THE LANDING LLC Suite, Apt. #, etc.		3. Mailing Address 9815 S. OCEAN DR NE Suite, Apt. #, etc.			
City & State JENSEN BEACH		City & State JENSEN BCH		4. FEI Number 006742889	
Zip 34957		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAXMAN, JOHN T 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460			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 <u>PJ Bentley</u> DATE <u>4/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER PETER BEATLEY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANGING MEMBER PETER BEATLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9 NETTLES BLVD JENSEN BCH FL 34957	
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	
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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 606, Florida Statutes.					
SIGNATURE: <u>PJ Bentley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/14/04</u> <small>Date</small>		<u>772 342 6402</u> <small>Daytime Phone #</small>