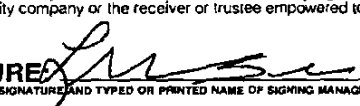


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90497 006 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000015599					
1. Entity Name LAMAR LAND HOLDINGS, LLC					
Principal Place of Business 7370 N W 35TH COURT LAUDERHILL, FL 33319			Mailing Address 7370 N W 35TH COURT LAUDERHILL, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SIEGEL, LAWRENCE 7370 N W 35TH COURT LAUDERHILL, FL 33319				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 _____					
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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIEGEL, LAWRENCE		NAME		
STREET ADDRESS	7370 N W 35TH COURT		STREET ADDRESS		
CITY- ST- ZIP	LAUDERHILL, FL 33319		CITY- ST- ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZOMICK, DAVID		NAME		
STREET ADDRESS	65 MAUREEN DRIVE		STREET ADDRESS		
CITY- ST- ZIP	BRISTOL, CT 06010		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 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 			3/26/04 954 749 7920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone s		

34003598



03102004 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1184931** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required