

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 24, 2004  
Secretary of State**

DOCUMENT# L03000018672

Entity Name: LANDAFORD, LLC

**Current Principal Place of Business:**

120 LOON COURT  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

195 COQUINA CT.  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

120 LOON COURT  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

195 COQUINA CT.  
ORMOND BEACH, FL 32176

FEI Number: 31-1821564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIBIS, DANIEL S  
3890 TURTLE CREEK DRIVE STE. B-1  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FORD, LAWRENCE D II  
Address: 195 COQUINA CT  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGR ( ) Change (X) Addition  
Name: FORD, ANITA L  
Address: 195 COQUINA CT  
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAWRENCE D. FORD II

MGR

03/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date