


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90041 040 ****50.00

DOCUMENT # L03000018672 1. Entity Name LANDAFORD, LLC	
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Principal Place of Business 195 COQUINA CT. ORMOND BEACH, FL 32176	Mailing Address PO BOX 275 ASTOR, FL 32102
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2. Principal Place of Business - No P.O. Box # <i>539 N Oleander Ave</i>	3. Mailing Address Suite, Apt. #, etc.
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02252007 Chg-LLC CR2E083 (12/06)

City & State <i>Daytona Beach</i>	City & State	4. FEI Number 31-1821564	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>FL</i> Country <i>32118</i>	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIBIS, DANIEL S 3890 TURTLE CREEK DRIVE STE. B-1 PORT ORANGE, FL 32127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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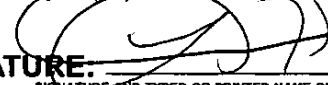
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, LAWRENCE D II		NAME	<i>539 N. Oleander Avenue</i>	
STREET ADDRESS	195 COQUINA CT		STREET ADDRESS	<i>Daytona Beach FL 32118</i>	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ANITA L		NAME	<i>539 N. Oleander Avenue</i>	
STREET ADDRESS	195 COQUINA CT		STREET ADDRESS	<i>Daytona Beach FL 32118</i>	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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:  *4/11/2007* *386-451-6039*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #