FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90092 012 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030849

1. Entity Name
LANDTRACK, LLC

14025139

Principal Place of Business	Mailing Address
~~10010 NW 44 TERR. #101~~ ~~MIAMI, FL 33178~~ 8250 N.W 58TH st MIAME FL 33166	~~10010 NW 44 TERR. #101~~ ~~MIAMI, FL 33178~~ 8250 N.W 58TH st MIAMI, FL 33166
2. Principal Place of Business: 8250 N.W 58TH st	3. Mailing Address: SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: SAME
Zip: 33166 Country: USA	Zip: SAME Country: SAME

07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number: EIN-56-2391961 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE, 2ND FLOOR
CORAL GABLES, FL 33134

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: ~~MGR~~ MGRM NAME: HEREDIA, EDWARD STREET ADDRESS: 10010 NW 44 TERR. #101 CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] 7-2-04 305 586 9408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #