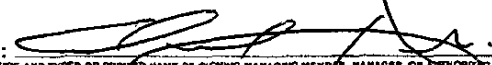


FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90092 012 ****55.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000030849			
1. Entity Name LANDTRACK, LLC			
Principal Place of Business 10010 NW 44 TERR. #101 MIAMI, FL 33178 8250 N.W. 58TH ST MIAMI, FL 33144		Mailing Address 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	
Subj. Apt. #, etc.		Subj. Apt. #, etc.	
City & State MIAMI FL		City & State SAME	
Zip 33166	Country USA	Zip SAME	Country SAME
4. FEI Number ETN-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: Sign using correct name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)			
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 NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MGR HEREDIA, EDWARD 10010 NW 44 TERR. #101 MIAMI, FL 33178	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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)(b), 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: 		Date: 7-12/04 305 586 9408	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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