

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031383

FILED
May 01, 2005
Secretary of State

Entity Name: LDG RAV-5, LLC

Current Principal Place of Business:

C/O LANDMARK DEVELOPMENT GROUP
5668 STRAND CT
NAPLES, FL 34110

New Principal Place of Business:

C/O LANDMARK DEVELOPMENT GROUP
5692 STRAND CT
NAPLES, FL 34110

Current Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP
5668 STRAND CT
NAPLES, FL 34110

New Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP
5692 STRAND CT
NAPLES, FL 34110

FEI Number: 20-0485545 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD, STE 309
BONITA SPRINGS, FL 34134 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: MGR () Delete
Name: LANDMARK DEVELOPMENT, GROUP, LLC
Address: 5668 STRAND CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANDMARK DEVELOPMENT, GROUP, LLC
Address: 5692 STRAND CT
City-St-Zip: NAPLES, FL 34110

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: BY: ARTHUR A. SHAFRAN

MGR

05/01/2005

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