
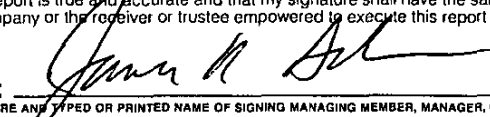


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90027 008 \*\*\*\*50.00

<b>DOCUMENT # L03000031795</b> 1. Entity Name <b>LANDMARK HOLDING COMPANY, LLC</b>					
Principal Place of Business <b>2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237</b>			Mailing Address <b>2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02212005 Chg-LLC CR2E083 (10/03)			4. FEI Number <b>51-0481119</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required, when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSATA, FRANK 1800 NORTHGATE BLVD #A8 SARASOTA, FL 34234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEAL, PATRICK K 8210 LAKEWOOD RANCH RD BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHCIER, JAMES R 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSATA, FRANK 1800 NORTHGATE BLVD #A8 SARASOTA, FL 34234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEAL, PATRICK K 8210 LAKEWOOD RANCH RD BRADENTON, FL 34202	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHCIER, JAMES R 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>3/23/05</b> Daytime Phone #					