2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034325

1. Entity Name
LANDON VENTURES, L.L.C.

Mailing Address

255 ALHAMBRA CIR. SUITE 820 CORAL GABLES, FL 33134

Principal Place of Business

255 ALHAMBRA CIR. SUITE 820 CORAL GABLES, FL 33134

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FILED Jul 05, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

06302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0316585 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

MORGAN, CHARLES O JR. 1300 NORTHWEST 167TH STREET

6. Name and Address of Current Registered Agent

SUITE 3 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
Signature typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating)	DATE
Fii Du e l	ling Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGR LANDON, R. KIRK 255 ALHAMBRA CIR. SUITE 820 CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000370794 07/05/05-80032-004 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #