2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# L03000040872

Entity Name: LANDSTREET PROPERTIES, LLC

Current Principal Place of Business:

11380 PROSPERITY FARMS RD., STE. 201
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

HAFER & GILMER CPAS
249 ROYAL PALM WAY, #300
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 52-2412741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELGESEN, ANDREW
11380 PROSPERITY FARMS RD., STE. 201
PALM BEACH GARDENS, FL 33410 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SCMITT, ALFONS	
Address:	125 PARC MONCEAU	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	MGRM	( ) Delete
Name:	SCHMITT-ZIMMERMAR, BIRGIT	
Address:	125 PARC MONCEAU	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	MGRM	( ) Delete
Name:	UFTRING, ELKE	
Address:	125 PARC MONCEAU	
City-St-Zip:	PALM BEACH, FL 33480	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALFONS SCHMITT MGMR 03/12/2008

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