



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90140 001 \*\*\*\*50.00

<b>DOCUMENT # L03000047725</b> 1. Entity Name <b>LAND KINGDOM DEVELOPERS, LLC</b>					
Principal Place of Business <b>1201 SOUTH POWER LINE RD SUITE 116 POMPANO BEACH, FL 33069</b>			Mailing Address <b>1201 SOUTH POWER LINE RD SUITE 116 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business <b>1201 SOUTH POWERLINE RD</b> Suite, Apt. #, etc. <b>SUITE 116</b> City & State <b>POMPANO BEACH FL</b> Zip <b>33069</b> Country <b>U.S.</b>		3. Mailing Address <b>1201 SOUTH POWERLINE RD</b> Suite, Apt. #, etc. <b>SUITE 116</b> City & State <b>POMPANO BEACH FL</b> Zip <b>33069</b> Country <b>U.S.</b>			
05212004 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>20-0432346</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LATIN NETWORK CONSULTANTS INC 1820 N CORPORATE LAKES BLVD UNIT 104 WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>POMPEO BARROS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 SOUTH POWERLINE RD, SUITE 116</b> City <b>POMPANO BEACH</b> <b>FL</b> Zip Code <b>33069</b>		
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 <u><i>Rafael Carraballo</i></u> DATE <u>5/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM UZCATEGUI, CARLOS 1201 SOUTH POWER LANE RD, SUITE 116 POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			MGRM Date <u>05/28/04</u> Daytime Phone # _____		