

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90042 012 \*\*\*150.00

**20058284**



<b>DOCUMENT # L03000053080</b> 1. Entity Name <b>LANDMARK CONSTRUCTION L.L.C.</b>					
Principal Place of Business <b>349 HAMMOCK RD SE PALM BAY, FL 32909</b>			Mailing Address <b>349 HAMMOCK RD SE PALM BAY, FL 32909</b>		
2. Principal Place of Business <b>3335 Wedgewood Dr.</b> Suite, Apt. #, etc. <b>BLDG #6, Apt. #102</b> City & State <b>Palm Bay, FL</b> Zip <b>32905</b> Country <b>US</b>		3. Mailing Address <b>3335 Wedgewood Dr.</b> Suite, Apt. #, etc. <b>BLDG #6, Apt. #102</b> City & State <b>Palm Bay, FL</b> Zip <b>32905</b> Country <b>US</b>		04112005 Chg-LLC CR2E083 (10/03)  4. FEI Number <b>20-0514576</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>MONAHAN, WAYNE T 349 HAMMOCK RD NE PALM BAY, FL 32909</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3335 Wedgewood Dr.</b> <b>BLDG #6, Apt. #102</b> City <b>Palm Bay, FL</b> Zip Code <b>32905</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 _____ (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	<b>MGRM MONAHAN, WAYNE T 349 HAMMOCK RD SE PALM BAY, FL 32909</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3335 Wedgewood Dr. Bldg #6 Apt. #102 PALM BAY, FL 32905</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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.					
<b>SIGNATURE: Wayne T. Monahan</b> <b>Wayne T. Monahan</b> <b>4-27-05</b> <b>321 543-0962</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					