


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000014250</b> 1. Entity Name LANDMARK FLORIDA, LLC	
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Principal Place of Business 1195 SW LIVE OAK COVE PORT ST. LUCIE, FL 34986	Mailing Address 1195 SW LIVE OAK COVE PORT ST. LUCIE, FL 34986
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01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0614461	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  NICHOLSON, ANDREA 1195 SW LIVE OAK COVE PORT ST. LUCIE, FL 34986
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**DO NOT WRITE  
IN THIS SPACE**

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  DATE 1/6/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR NICHOLSON, ANDREA 1195 SW LIVE OAK COVE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR NICHOLSON, HAROLD K 1195 SW LIVE OAK COVE PORT ST. LUCIE, FL 34986
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110000380046  
01/10/06-80046-006 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 1/6/06 772 3400735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Andrea G. Nicholson