

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017941

Entity Name: LANDIST SOCIETY, LTD. CO.

FILED  
Sep 04, 2006  
Secretary of State

## Current Principal Place of Business:

145 GRAND AVENUE  
CORAL GABLES, FL 33133

## New Principal Place of Business:

109 GRAND AVENUE  
CORAL GABLES, FL 33133

## Current Mailing Address:

145 GRAND AVENUE  
CORAL GABLES, FL 33133

## New Mailing Address:

109 GRAND AVENUE  
CORAL GABLES, FL 33133

FEI Number: 75-3015166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LOUIS-CHARLES, ANDY  
145 GRAND AVENUE  
CORAL GABLES, FL 33133      US

## Name and Address of New Registered Agent:

LOUIS-CHARLES, ANDY  
109 GRAND AVENUE  
CORAL GABLES, FL 33133      US

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:

09/04/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: LOUIS-CHARLES, ANDY  
Address: 145 GRAND AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: LOUIS-CHARLES, ANDY  
Address: 109 GRAND AVENUE  
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDY LOUIS-CHARLES

MGRM

09/04/2006

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