


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90722 001 ****25.00

03-21-2005 90722 002 ****25.00

DOCUMENT # L04000051470	
1. Entity Name LANDERS & DION, LLC	

Principal Place of Business C/O KIRK FRIEDLAND 505 S FLAGLER DR, STE 1330 WEST PALM BEACH, FL 33401	Mailing Address C/O KIRK FRIEDLAND 505 S FLAGLER DR, STE 1330 WEST PALM BEACH, FL 33401
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2. Principal Place of Business 310 10th Street	3. Mailing Address 310 10th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State W. Palm Beach, FL	City & State W. Palm Beach, FL
Zip 33401	Country USA



02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3126106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIEDLAND, KIRK 505 S FLAGLER DR, STE 1330 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Kenneth Dion* DATE 3/10/05

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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRIEDLAND, KIRK		NAME Landers, Kelly V.	
STREET ADDRESS 505 S FLAGLER DR, STE 1330		STREET ADDRESS 310 10th Street	
CITY-ST-ZIP WEST PALM BEACH, FL 33401		CITY-ST-ZIP W. Palm Beach, FL 33401	
TITLE 	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Dion, Kenneth B.	
STREET ADDRESS 		STREET ADDRESS 310 10th Street	
CITY-ST-ZIP 		CITY-ST-ZIP W. Palm Beach, FL 33401	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: *Kenneth Dion* DATE 03/10/05 DAYTIME PHONE # (561) 835-9833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE