2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
03-02-2005 90015 038 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000052434

1. Entity Name
LAND PROPERTIES, LLC

Principal Place of Business	Mailing Address
510 OCEAN BOULEVARD GOLDEN BEACH FL 33160	510 OCEAN BOULEVARD GOLDEN BEACH FL 33160

2. Principal Place of Business	3. Mailing Address
16425 Collins Ave	
Suite, Apt. #, etc. #2916	Suite, Apt. #, etc.
City & State Sunny Isles Fl	City & State
Zip 33160 Country Miami Dade	Zip Country

4. FEI Number 20-1531634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQUIRE
2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDAU, GREG 510 OCEAN BOULEVARD GOLDEN BEACH FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16425 Collins Ave #2916 Sunny Isles Fl 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Greg Landau 2/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #