

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-05-2005 90008 028 ****50.00

DOCUMENT # L04000091304					
1. Entity Name LANDSL LLC					
Principal Place of Business 787 37TH STREET, SUITE E-250 VERO BEACH, FL 32960			Mailing Address 787 37TH STREET, SUITE E-250 VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number		03282005 Chg-LLC CR2E083 (10/03)			
65-0966070		☐ Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LANDSMAN, LARRY 787 37TH STREET, SUITE E-250 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANDSMAN, LARRY 787 37TH STREET, SUITE E-250 VERO BEACH, FL 32960	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <i>Pres</i> 3/31/05 772-562-9546					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					