2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091788

1. Entity Name
LANDSOURCE, LLC

FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210

Mailing Address

4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

04172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2492822 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, SHIRLEY 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Regisfered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GREENE,, THOMAS 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS GREENE, SUE 4595 LEXINGTON AVE JACKONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS PUCKHABER, E R 4595 LEXINGTON AVE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000558282 05/17/06-80088-020 50.00

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:

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

une 4

4-20 06

3875400

Daytime Phone