2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L04000091788

Entity Name: LANDSOURCE, LLC

Current Principal Place of Business:

4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 56-2492822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, SHIRLEY
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: GREENE,, THOMAS
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MS ( ) Delete
Name: GREENE, SUE
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKONVILLE, FL 32210

Title: MS (X) Delete
Name: PUCKHABER, E R
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREENE,, PAUL
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MS (X) Change ( ) Addition
Name: GREENE, MARDIE
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL GREENE MGRM 04/29/2008

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