


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000092846</b> 1. Entity Name <b>LANDKO INVESTMENTS, LLC</b>	
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Principal Place of Business <b>230 PALERMO AVENUE CORAL GABLES, FL 33134</b>	Mailing Address <b>230 PALERMO AVENUE CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



04112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2043936</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KORGE, THOMAS J 230 PALERMO AVENUE CORAL GABLES, FL 33134</b>
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**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: Registered Agent signature required when renewing) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRINCETON ASSOCIATES, LLC 250 CATALONIA AVENUE, #606 MIAMI, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SFB DEVELOPMENT, LLC 230 PALERMO AVENUE MIAMI, FL 33134</b>
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U00000738075  
05/11/07-80054-017 50.00

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:**  **4/18/07** **305-444-9533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #