


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90353 028 ****50.00

DOCUMENT # L05000003961					
1. Entity Name LANDING PROPERTIES, LLC					
Principal Place of Business 411 COMMERCIAL COURT, SUITE E VENICE, FL 34292			Mailing Address 411 COMMERCIAL COURT, SUITE E VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2160215	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BINGHAM, JAMES H 411 COMMERCIAL COURT, SUITE E VENICE, FL 34292			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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			(NOTE: Registered Agent signature required when reinstating) DATE <u>4/23/07</u>		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BINGHAM, JAMES H 411 COMMERCIAL CT. STE E VENICE, FL 34292	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 reporter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>4/23/07</u> Daytime Phone # _____		