

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020804

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: LANDMARQ PROPERTIES, LLC

**Current Principal Place of Business:**

PO BOX 550581  
JACKSONVILLE, FL 322550581 US

**New Principal Place of Business:**

7054 MADRID AVENUE  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

PO BOX 550581  
JACKSONVILLE, FL 322550581 US

**New Mailing Address:**

7054 MADRID AVENUE  
JACKSONVILLE, FL 32217 US

FEI Number: 57-1218553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIZEMORE, MARK  
7054 MADRID AVE  
JACKSONVILLE, FL 32217 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: MGRM ( ) Delete  
Name: SIZEMORE, MARK  
Address: PO BOX 550581  
City-St-Zip: JACKSONVILLE, FL 322550581 US

Title: MGRM ( ) Delete  
Name: SIZEMORE, JOYCE  
Address: PO BOX 550581  
City-St-Zip: JACKSONVILLE, FL 322550581 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIZEMORE, MARK  
Address: 7054 MADRID AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SIZEMORE

MGMR

04/21/2007

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