

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052970

Entity Name: BANKIER LANDVEST, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

4800 NORTH FEDERAL HIGHWAY SUITE 200E
BOCA RATON, FL 33431

New Principal Place of Business:

101 SE 6TH AVENUE
SUITE C
DELRAY BEACH, FL 33483

Current Mailing Address:

4800 NORTH FEDERAL HIGHWAY SUITE 200E
BOCA RATON, FL 33431

New Mailing Address:

101 SE 6TH AVENUE
SUITE C
DELRAY BEACH, FL 33483

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BANKIER, M. ADAM
4800 NORTH FEDERAL HIGHWAY SUITE 200E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BANKIER, M. ADAM
101 SE 6TH AVENUE
SUITE C
DELRAY BEACH, FL 33483 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BANKIER, M. ADAM
Address: 4800 NORTH FEDERAL HIGHWAY SUITE 200E
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BANKIER, M. ADAM
Address: 101 SE 6TH AVENUE SUITE C
City-St-Zip: DELRAY BEACH, FL 33483

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: M ADAM BANKIER

MGR

05/01/2008

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