

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

1. Feb 27, 2006 8:00 am
Secretary of State

01-31-2006 90024 045 ****50.00

DOCUMENT # L05000053038					
1. Entity Name LANDSHORE OF BENCHMARK, LLC					
Principal Place of Business 51410 MILANO DRIVE MACOMB, MI 48042			Mailing Address 51410 MILANO DRIVE MACOMB, MI 48042		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2931181	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., SUITE 1000 (JGH) ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: <u>Anthony Ferlito</u> Street Address (P.O. Box Number is Not Acceptable): <u>Unit 405</u> <u>14200 Royal Harbour Court</u> City: <u>Fort Meyers</u> FL Zip Code: <u>33908</u>		
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			DATE: <u>1-9-06</u>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Anthony Ferlito <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 87087 Gratiot Ave. Roseville, MI 48066 (manager)	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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"/> 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"/> 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"/> Delete		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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			DATE: <u>1-9-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



At the Company
30001099

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

LANDSHORE OF BENCHMARK, LLC
51410 MILANO DRIVE
MACOMB, MI 48042

Subject: LANDSHORE OF BENCHMARK, LLC

Reference Number: L05000053038

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION



Attachments
30001099

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

CRITICAL INCIDENT SOLUTIONS, LLC
700 W. PETE ROSE WAY
SUITE 4N
CINCINNATI, OH 45203

Subject: **CRITICAL INCIDENT SOLUTIONS, LLC**

Reference Number: **M05000005681**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850)-245-6051.

/JE
ANNUAL REPORTS SECTION