

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032830

Entity Name: ANTIQUES LANDING, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

1125 LARCHMONT DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2194  
ENGLEWOOD, FL 34294

**New Mailing Address:**

FEI Number: 20-4676114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAZUR, JEFFREY  
1125 LARCHMONT DR  
ENGLEWOOD, FL 34223 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: MAZUR, JEFFREY  
Address: P.O. BOX 2194  
City-St-Zip: ENGLEWOOD, FL 34294

Title: MGRM ( ) Delete  
Name: POSNER-MAZUR, JUDY  
Address: P.O. BOX 2194  
City-St-Zip: ENGLEWOOD, FL 34294

Title: MGRM ( ) Delete  
Name: LOVENBERG, BETHIA  
Address: 89 MARK TWAIN LANE  
City-St-Zip: ROTONDA WEST, FL 33947

**ADDITIONS/CHANGES:**

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

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

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

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: BETHIA LOVENBERG

MGRM

04/30/2009

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