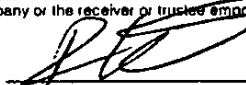


FILED
Apr 20, 2007 8:00 am
Secretary of State

01-29-2007 90138 041 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000054021			
1. Entity Name LANDVEST, LLC			
Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134	
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
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
4. FEI Number 20-4997878		Applied For ☐ Not Applicable	
01242007 Chg-LLC CR2E083 (12/06)			
8. Name and Address of Current Registered Agent SEIF, EVAN D. 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name BRIAN K. HOLLAND Street Address (P.O. Box Number is Not Acceptable) 13105 NW LEJEUNE ROAD City OPA-LOCKA FL Zip Code 33054	
9. 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 Signature, typed or printed name of registered agent and title if applicable		DATE	
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	MANAGER BRIAN K. HOLLAND 13105 NW LEJEUNE ROAD OPA-LOCKA FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER WAYNE E CHAPLIN 13105 NW LEJEUNE ROAD OPA-LOCKA FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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:  BRIAN K. HOLLAND		Date 1/25/07 (305) 764-1110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	