

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017841

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: LANDMARK OFFICE CENTER LLC

## Current Principal Place of Business:

5887 GLENRIDGE DRIVE, NE  
SUITE 275  
ATLANTA, GA 30328 US

## New Principal Place of Business:

## Current Mailing Address:

5887 GLENRIDGE DRIVE, NE  
SUITE 275  
ATLANTA, GA 30328 US

## New Mailing Address:

FEI Number: 26-2038617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOULE, BRUCE  
4958 PARADISE ISLES  
DESTIN, FL 32451 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: MGR ( ) Delete  
Name: WEENER, PHILIP H  
Address: 5887 GLENRIDGE DRIVE, NE, SUITE 275  
City-St-Zip: ATLANTA, GA 30328 US

Title: MGR ( ) Delete  
Name: NATHAN, ERIC J  
Address: 5887 GLENRIDGE DRIVE, NE, SUITE 275  
City-St-Zip: ATLANTA, GA 30328 US

Title: MGR ( ) Delete  
Name: HOULE, BRUCE  
Address: 4958 PARADISE ISLES  
City-St-Zip: DESTIN, FL 32451 US

## 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: PHIL WEENER

MNGM

04/14/2009

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