


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

1997 MAR -3 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1 Name and Mailing Address of Limited Liability Company	DOCUMENT # L93000000355
LANDMARK 107, L.C. 115 MADEIRA AVENUE CORAL CABLES FL 33134	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
115 MADEIRA AVENUE CORAL CABLES FL 33134 5201 BLUE LAGOON DR SUITE 650 MIAMI FL 33126

2 Principal Place of Business	2a. Mailing Address
5201 BLUE LAGOON DR	5201 BLUE LAGOON DR.
Suite, Apt. #, etc. # 650	Suite, Apt. #, etc. # 650
City & State MIAMI FLORIDA	City & State MIAMI - FLORIDA
Zip 33126	Country USA

3. Date Organized or Qualified	3a. State of Formation
10/15/1993	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0472740	
5. Date of Last Report	6. Certificate of Status Desired
03/06/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent
SMITH, RAUL 8849 N.W. 107TH ST. MIAMI GARDENS FL 33016 New Address! 9390 NW 109 STREET Medly, FLORIDA 33178

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SMITH, RAUL	9390 NW 109 STREET 8849 N.W. 107TH ST. 5201 Blue Lagoon Dr #650	Medly, FL 33178 MIAMI GARDENS FL MIAMI FL 33126
MEM	CHARADE PROPERTIES I,	115 MADEIRA AVENUE	CORAL CABLES FL
MEM	SOTOLONGO, RAUL O	10011 S.W. 4TH ST.	MIAMI FL
MEM	MENDEZ, STAVROULA	11422 S.W. 3 STREET	MIAMI FL

900002104049--9
-03/04/97--01096--015
***203.75 ***203.75
2/27/97
3/3/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
2/27/97 (305) 260-7577
Day Daytime Phone #