

2001 UNIFORM BUSINESS REPORT (UBR)

0010173 AF

DOCUMENT # L93000000355

1. Entity Name
LANDMARK 107, L.C.

FILED

01 MAY '06 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9990 SW 77 AVE., SUITE 315
MIAMI FL 33156-2699

Mailing Address
9990 SW 77 AVE., SUITE 315
MIAMI FL 33156-2699

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number 65-0472740
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CUSCO, EDUARDO
9390 N.W. 109TH STREET
MEDLEY FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004418684--5
-06/14/01--01003--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CUSCO, EDUARDO 5201 BLUE LAGOON DR MIAMI FL 33126 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Sotolongo, Raul O. 9390 NW 109 Street Medley FL 33178-1225 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Smith, Raul 9390 NW 109 Street Medley FL 33178-1225 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemption stated in Section 119.07(3)(i), 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: 04/18/01 (205) 200-7577

CR2E083 (11/00)