## 2004 LIMITED LIABILITY COMPANY

**ANNUAL REPORT** 

**DOCUMENT # L96000001019** 1. Entity Name LANDROCK, L.C.

Principal Place of Business

Mailing Address

4403 SUN VILLAGE BOULEVARD KISSIMMEE, FL 34746

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## **FILED** Apr 30, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0699128

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, TODD K ESQ

## DO NOT WRITE

37 N ORANGE AVE STE 200 LAKELAND, FL 33802		IN	THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2004			000000145626 05/03/04-80033-021 55.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MEM ROCK INVESTMENT TRUST PLC 29 EAST STREET READING BERUSHIRE ENGLAND, RG16Q11		
NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS		<del></del>	NOT WRITE THIS SPACE
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			

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:

NAME STREET ADDRESS CITY-ST-ZIP

> BIGNATURE AND TYPED OR PRINTED NAME OF IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE