APPROVED AND

## **2000 UNIFORM BUSINESS REPORT (UBR)**

	OCUMENT # L9800002664						00 MAY -1 PM 3: 10			
1. Entity Name  LANDMARK DEVELOPMENT GROUP LLC										
	AN DEVELOR WILLIAM GNO	OF LEO								
							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							TALL	AHA55EE, FL	מעוווט	
2154 TRADE CENTER WAY, SUITE 3 2154 TRADE CENTER W NAPLES FL 34109 NAPLES FL 34109-2036				AY. SUITE 3						
MAI CEO I E O-	*100	IN LEO	12 04100 2000						800 B181 (88)	
2. Principal Place of Business 3. Mailing Address			Address				† 1 <b>90</b> 11011 010 10101 1011 8011 9011 4	INDIE NORD BOTTO 15010 UTSTO	Elifi gibi igbi	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Apt. #. etc		_		DO NOT WRITE IN THIS SPACE			
City & Stat	e :	City & S	City & State				Number APPLIED FOR	). <del>     </del>	oplied For ot Applicable	
Zip Country		Zip Coo			 try		0450-1	\$5.00 Ad		
<u> </u>							5. Certificate of status desired Fee Required			
	6. Name and Address of Curre	ent Registered /	Agent		Name	7. Nar	ne and Address of New Reg	istered Agent		
CLASP INC.										
CUMMINGS & LOCKWOOD					Street Address (P.O. Box Number is Not Acceptable)					
	IAMI TRAIL NORTH, 4TH FLOO	R								
NAPLES FL 34103					City FL Zip Code					
9 The above	named entity submits this statemen	it for the nurnose	of changing it	e ranietara	L	registered agent	or both, in the State of Florid			
o. The above	named entry Soonna this statemen	it for the purpose	or changing it	o regional	,	rogiolorou agom	, 5. 55. 1			
SIGNATURE .	Signature, typed or printed name of registered ag	sent and title if englical	nle (NO	TF: Registere	d Agent signat	ure required when reinst	ating	DATE		
	Signature, typed of printed harte or registered at	jent and title il applicat								
					FEE IS \$					
		Ma	ake Check P	ayable to	o vepart	ment of State				
9.	MANAGING ME	MBERS/MEMBE	RS	10.		<b></b>	ADDITIONS/CI			
TITLE	MGR		☐ Delete	TITLE				Change	Addition	
NAME Street address	SHAFRAN, ARTHUR A  3  2154 TRADE CENTER WAY, SUITE 3				ET ADDRESS					
CITY- ST- ZIP	NAPLES FL 34109			CITY	- \$T- ZIP					
MITE			☐ Deleta	TITL	_	Manager	D. 1	Change	<b>▼</b> Addition	
NAME STREET ADDRESS			ALM STRE	ET ADDRESS	James E. Pierce 2154 Trade Center Way, Suite 3					
CITY-ST-ZIP				спу	- ST- ZIP		FL 34109	ouice 5		
TITLE			Delete	TITL				Change	Addition	
NAME Street address				NAM Strf	E ET AODRESS		annonoo	24070		
CITY-ST-ZIP	,	•			- 8T- ZIP		90000321 -05/23/00	ο - Το Γίιο - Το	13	
MILE			☐ Delete	TITL		,	*****5[]。	UU *********	. Addition	
NAME .				MAM	E Et address	,				
NTREET ADDRESS City-St-Zipe				•	- \$T- ZIP					
INTE			☐ Delete	TITL				Change	Addition	
NAME				NAM						
STREET ADDRESS   City-St-Zip					ET ADDRESS - 8T- ZIP		•		1	
IMTE			Deleta	TITU	_				Addition	
NAME		•		NAM	E					
STREET ADDRESS		,			ET ADDRESS - ST- ZIP					
CITY-81-ZIP	certify that the information supplied	with this files do	ae not aualitir t			ted in Section 115	2 07(3)(i) Florida Statutos 15	urther certify that the i	Information	
indicated	on this report is true and accurate a bility company or the receiver or try	and that my sign.	ature shall have	e the same	e legal effe	ct as if made und	er oath: that I am a managing	g member or manage	er of the	

**SIGNATURE:** 

TURE REQLIER. Shafran, Manager

941-597-8400

Daytime Phone #