941-597-8400

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name LDG B-1, LLC					FILED 01 MAY -1 PM 5: 13			
Principal Place of Business 2154 TRADE CENTER WAY. STE 3 NAPLES FL 34109 Mailing Address 2154 TRADE CENTER WAY. STI NAPLES FL 34109					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2 Principal P	Place of Business C/O	3. Mailing Address	:70					
Landmar Suite, Apt.	k Development Group	Landmark Development Group Suite, Apt. #, etc. 5668 Strand Court, #108			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. FEI Number 59-3617552 Applied For			
Naples, FL Zip Country		Naples, FL Country		5	Certific	·	\$5.00 Ad	ot Applicable ditional
34110	US	34110 US	 .	<u> </u>			Fee Require	ed .
	6. Name and Address of Current	Registered Agent	Name		. Name	and Address of New Registered	Agent	
CLASP INC.				Street Address (P.O. Box Number is Not Acceptable)				
3001 TAMIAMI TRAIL NORTH, 4TH FL NAPLES FL 34103								
MAPLES	11.04100	•	City			FL	Zip Cod	le
						-	<u>. </u>	
SIGNATURE .	named entity submits this statement fo		Registered Agent sig	-				
	aignature, typed or printed harrie or registered agent a	ло вае п аррасаве. (1401	() j	riature required when	in reinstating	DAIE.		
		FILE N	W!!! FEE IS able to Depa		tate	1		
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANGES	***	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDMARK DEVELOPMENT GRO 2154 TRADE CENTER WAY, STE NAPLES FL		TITLE NAME STREET ADDRES CITY-ST-ZIP		Stra	Development Group, nd Court, #108 L 34110	A Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP	s			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	:	300004275; -05/21/010 *****50.00	Change 279- 1202(*****	Addition 1 024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s		· 	☐ Change	☐ Addition
indicated	ertify that the information supplied with on this report is true and accurate and billy company or the receiver or trustee Landmarky Deve	hat my signature shall have ::	ne same legal et aport as required	ffect as if made d by Chapter 6	a under d	eath: that I am a managing membe		

SIGNATURE: By JANUE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MAN AGER, OR AUTHORIZED REPRESENTATIVE Date