941-597-8400

Daytime Phone #

Date

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900006124 1. Entity Name LDG QW-J94, LLC						FILED OIMAY - J PM 5: 13				
Principal Place of Business 2154 TRADE CENTER WAY. STE 3 NAPLES FL 34109 Mailing Address- 2154 TRADE CENTER WAY NAPLES FL 34109 NAPLES FL 34109				r. STE 3		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
· ·	Place of Business c/o		c/o					AK ILIDIA KIBIL		
Suite, Apt,	•	Landmark Development Group Suite, Apt. #, etc.			p	DO NOT WRITE IN THIS SPACE				
5668 St 1 City & Stat	cand Court, #108	5668 Strand Court, #108			A EE!	4. FEI Number CE 007077E Applied For				
Naples,		Naples, FL			4. FEI1	65-097277!	}		plicable	1
Zip 34110	Country US	Zip 34110	Country		5. Cert	ficate of Status Desired	□ \$5.00 Fee Re	Addition	nal	
J4110	6. Name and Address of Current		05		7. Nam	e and Address of New R				_
CLASP, I	NC		1	Name						
3001 TAMIAMI TRAIL NORTH 4TH FL NAPLES FL 34103			5	Street Addre	ess (P.O. Box N	lumber is Not Acceptable)		4]
		•		City	<u></u>		FL Zip	Code	- · · <u> ·</u>	
8. The above	named entity submits this statement for	the purpose of changing its	egistered o	office or reg	istered agent,	or both, in the State of Flo	rida.	-, -		1
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	Registered Age	ent eigngture re	quired when reinstati	m)	DATE		_	
			1:8:][>	-6	1
		FILE No	will FE			2000042 -05/21/ ******	70101187 80.80 ***	002 **50.0	00	
9.	MANAGING MEMBE		10.			ADDITIONS/			Addition	_
NAME STREET ADDRESS CITY-ST-ZIP	MGR LANDMARK DEVELOPMENT GROUP LLC 2154 TRADE CENTER WAY, STE 3 NAPLES FL			MGR						CR2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL	DORES\$			☐ Cha	inge 🔲	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC	DDRESS			☐ Cha	nge 🗆	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL	DDRES\$			☐ Cha	nge 🗌	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AC CITY-ST-				☐ Cha	nge 🗀	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Cha	nge 🔲	Addition	
indicated of	ertify that the information supplied with on this report is true and accurate and to illity company or the receiver or trustee LANDMARK PEVELO	hat my signature shall have I empowered to execute this I	he same leg eport as reg	gal effect as Juired by Cf	: if made under	oath: that I am a manage	further certify that ng member or ma	the information of the	ation he	i

SIGNATURE: By: JOSE DE AT thur Shafran, its Manager SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN AGER, OR AUTHORIZED REPRESENTATIVE