

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007540

1. Entity Name  
LDG QW-J106, LLC

Principal Place of Business  
C/O LANDMARK DEVELOPMENT GROUP  
2154 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109

Mailing Address  
C/O LANDMARK DEVELOPMENT GROUP  
2154 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109-2036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3617562

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLASP INC.  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NORTH, 4TH FLOOR  
NAPLES FL 34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR  
STREET ADDRESS LANDMARK DEVELOPMENT GROUP, LLC  
CITY - ST - ZIP 2154 TRADE CENTER WAY, SUITE 3  
NAPLES FL 34109 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003259227--4  
CITY - ST - ZIP -05/19/00--01074--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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.

Arthur A. Shafran, Manager of Landmark Development Group, LLC, Manager

SIGNATURE:

**SIGNATURE REQUIRED**

941-597-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)