APPROVED

941-597-8400

Daytime Phone #

Date

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008356 DOCUMENT # 1. Entity Name 100 MAY -1 AM 11: 39 LDG QW-J91, LLC SECRETARY OF STATE MALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O LANDMARK DEVELOPMENT GROUP C/O LANDMARK DEVELOPMENT GROUP 2154 TRADE CENTER WAY, SUITE 3 2154 TRADE CENTER WAY. SUITE 3 NAPLES FL 34109-2036 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FELNumber 65-0972774 Applied For City & State Not Applicable Zip Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLASP INC. Street Address (P.O. Box Number is Not Acceptable) C/O CUMMINGS & LOCKWOOD 3001 TAMIAMI TRAIL NORTH, 4TH FLOOR NAPLES FL 34103 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. MGR Addition TITLE Change TITLE Deleta LANDMARK DEVELOPMENT GROUP, LLC NAME 800003259238 -05/19/00--01074--015 2154 TRADE CENTER WAY, SUITE 3 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY- ST- ZIP ****50.00 ☐ Deleta TITLE TITLE MAME MAME ATREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ___ Addition Delete TITLE TITLE NAME NAME STREET AGGRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-81-ZIP Addition TITLE Delete TITLE Change MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-8T-ZIP ☐ Change Addition | ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZEP 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. Manager of Landmark Development Group, LLC, Manager

IURE REQUIRED

INTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

SIGNATURE AND TYPED OF