

AMENDED

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000000168

1. Entity Name

LANDMAR MANAGEMENT, LLC

FILED

02 OCT 25 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10161 Centurion Parkway N

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville, Florida

Zip

32256

Country

USA

3. Mailing Address

10161 Centurion Parkway N

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville, Florida

Zip

32256

Country

USA

4. FEI Number

562153540

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$5.00 Additional
Fee Required**

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7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Manager/President
NAME Edward E. Burr
STREET ADDRESS 10161 Centurion Parkway N, Suite 190
CITY-ST-ZIP Jacksonville, Florida 32256

TITLE Manager/Vice President
NAME H. Thomas Webb III
STREET ADDRESS 400 South Tryon Street, Suite 1300
CITY-ST-ZIP Charlotte, North Carolina 28201

TITLE Manager
NAME Arthur W. Fields
STREET ADDRESS 400 South Tryon Street, Suite 1300
CITY-ST-ZIP Charlotte, North Carolina 28201

TITLE Vice President/Secretary
NAME Roger F. Postlethwaite
STREET ADDRESS 10161 Centurion Parkway N, Suite 190
CITY-ST-ZIP Jacksonville, Florida 32256

TITLE Vice President
NAME James T. Cullis
STREET ADDRESS 7 Sandpiper Court
CITY-ST-ZIP Palm Coast, Florida 32137

TITLE Vice President
NAME Robert E. Furlong
STREET ADDRESS 10161 Centurion Parkway N, Suite 190
CITY-ST-ZIP Jacksonville, Florida 32256

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bert Simon, Asst Secretary

Date

Daytime Phone #

10/17/02 (904) 399-0870

CR2E083B (12/01)