

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90057 033 \*\*\*\*50.00

**DOCUMENT # M01000002521**

1. Entity Name  
**LANDMARK TOWERS HOLDING COMPANY, LLC**



Principal Place of Business

C/O GFI  
50 BROADWAY, 4TH FLOOR  
NEW YORK, NY 10004

Mailing Address

C/O GFI  
50 BROADWAY, 4TH FLOOR  
NEW YORK, NY 10004



04122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3097594**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GROSS, EDITH
STREET ADDRESS	50 BROADWAY, 4TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10004

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*David L. Arnesen, Sup - GFI Management Services, Inc.*  
*Managing Agent*

*4/12/04 212-837-4539*