

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006399

Entity Name: VERTICAL LANDINGS, LLC

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1170 HOLLY OAKS COURT
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 20-3722311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.
2640 GOLDEN GATE PARKWAY, SUITE 205
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 US

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: LOUIS M. MEINERS, JR.

02/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRYCE-JONES, ROBERT S
Address: 1170 HOLLY OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Delete
Name: PRYCE-JONES, SABINA S
Address: 1170 HOLLY OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRYCE-JONES ENTERPRI, SES, LLC
Address: 1170 HOLLY OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT PRYCE-JONES

MGRM

02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date