2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006447

1. Entity Name
LANDMARK ABSTRACT LLC

Principal Place of Business	Mailing Address
4 LARCHMONT PLACE PALM COAST, FL 32164	4 LARCHMONT PLACE PALM COAST, FL 32164

07112006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0449037

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIEGLER, LORI M
4 LARCHMONT PLACE
PALM COAST, FL 32164

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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: Lori Ziegler 7/13/06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

U00000572289
07/25/06-80024-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GITLIN, ED
STREET ADDRESS	4 LARCHMONT PLACE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	MGRM
NAME	GITLIN, MARIE
STREET ADDRESS	366 S. OYSTER BAY ROAD
CITY-ST-ZIP	HICKSVILLE, NY 11801
TITLE	MGRM
NAME	GRANCARIC, DINKO
STREET ADDRESS	366 S. OYSTER BAY ROAD
CITY-ST-ZIP	HICKSVILLE, NY 11801
TITLE	MGRM
NAME	GRANCARIC, DIANE
STREET ADDRESS	366 S. OYSTER BAY ROAD
CITY-ST-ZIP	HICKSVILLE, NY 11801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 7/13/06 561-665-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #