2000 UNIFORM BUS	INESS REPO	RT (UBR)	• •, •	1 - A MATERIAL CONTRACTOR CONTRAC
DOCÚMENT # M9900001083			FILED	*
1. Entity Name LandMar Group, LLC				. EÒ
		THE CONTRACTOR OF	OO APR 28 PM I	•
Principal Place of Business 7751 Belfort Parkway Suite 350 Jacksonville, FL 32256	Mailing Address 7751 Belfort Pa Suite 350 Jacksonville, 1	-	SECRETARY OF S TALLAHASSEE, FL	TATE ORIDA
2. Principal Place of Business 10161 Centurion Parkway N.	3. Mailing Address 10161 Centurion	n Parkway N.		•
Suite Apt. #, etc.	Suite, Apt. #, etc. Suite 190		DO NOT WRITE IN	THIS SPACE
City & State	City & State	_	4. FEI Number 56-2153538	Applied For
Jacksonville, FT Zip Country	Jacksonville, I	Country		Not Applicable  \$5.00 Additional
32256 USA 6. Name and Address of Current	32256 Registered Agent	USA	Certificate of Status Desired      Name and Address of New Regist	Fee Required
Burr, Edward E.	Nogista Agent	Name Burr, Ec		Side Agent
7751 Belfort Parkway Street Address (f			s (P.O. Box Number is Not Acceptable)	
Suite 350 Jacksonville, FL 32256		Suite 19		
		City Jackson	ville	FL 32256
8. The above named entity automits this statement for	r the purpose of changing its re			
SIGNATURE Signature, typed or printed name of registered agent a	and the II applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)	H26100
. , .	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	VIII FEE IS \$50.00 able to Department		
9. MANAGING MEMBI	ERS/MEMBERS	10.	ADDITIONS/CHA	NGES
TITLE MGR	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS Landmar Management,	- '	STREET ADDRESS	4	. <u>.</u>
Jacksonville, FL 32		CITY-ST-ZIP TITLE	<del></del>	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		_ · ·
CITY-ST-ZIP		CITY-ST-ZIP	10000324	291816
TITLE NAME	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP · I	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME	_ 5400	NAME		_ · • • • • • • • • • • • • • • • • • •
STREET ADDRESS  CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP	$\bigcap_{\Omega}$	a l
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP		Change Addition
NAME	□ Delete	NAME		
STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
<ol> <li>I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the receiver or trustee</li> </ol>	that my signature shall have the empowered to execute this rep	e same legal effect as it port as required by Cha	f made under oath; that I am a managing r	ner certify that the information nember or manager of the
	ndMar Management		PESFDENT 4/26/00	904-998-8300
SIGNATURE: By: SIGNATURE AND TYPED OR PRIN	NTED NAME OF SIGNING MANAGING ME		PE) + VERY 4126100	Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 679362 4732152

AUTHORIZATION

COST LIMIT

ORDER DATE: April 28, 2000

ORDER TIME : 11:35 AM

ORDER NO. : 679362-020

CUSTOMER NO: 4732152

CUSTOMER: Ms. Beth E. Mangus

Gartner Brock & Simon

Suite 203

1660 Prudential Drive Jacksonville, FL 32207

## ANNUAL REPORT FILING

NAME: LANDMAR GROUP, LLC

DEPARTMENT OF STATE	00 APR 28 PM 12: 20	RECEIVED
ORPORATIONS ORPORATIONS		11

XX ANNUAL REPORT	•
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Jeanine Reynolds	

EXAMINER'S INITIALS: