LIMITED LIABILITY COMPANY

DOCUMENT # M9900001083 1. Entity Name LANDMAR GROUP, LLC									Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90136 012 ****50.00				
										DO NO	OT WE	RITE	IN
10161 Centurion Pkwy N: 101					Mailing Address 161 Centurion Play W Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Suite 190				Suite 190									
State Jackson Ville FL				City & State Jack Son Ville FL					4. FEI Number Applied For Not Applicable				
Zip Country USA				Zip	32250	Countr	Country USA.			Certificate of Status Desired			
							Name -			1	t Registered 7	Agent	-
DO NOT WRITE							Street A	Bull, (g. ddress (P.O.)	(P.O. Box Number is Not Acceptable)				-
IN THIS SPACE										•			
							City January			· • ·			4
C The above	named entity o	uhmita this ata	tomost for	the over	one of abonaina ite r	n sintara	1	ackson		or both, in the State of F	FL orido	Zip Code 3225Lo	4
o. The above	named entity si	upmus mis sia	tternent for	trie purp	ose of changing its re	egistered	onice or	registered at	gent, t	or both, in the State of F	oriua.		
SIGNATURE _	Signature, typed or p	printed name of regis	stered agent an	id title if app	licable.						DATE		
							50.00						1
·							ble to Department of E BY MAY 1						
9.		MANAGINO	G MEMBER	RS/MANA		1							-
	MGR					TITLE							15
NAME STREET ADDRESS	Land Mar Management L 10161 Centurion Parkwai				IN. soite 190	NAME STREET	ADDRESS	DDRESS					=083B /12/0
CITY-ST-ZIP	Jacksonville FL 32256				256	CITY-S						18	
TITLE						TITLE NAME							200
NAME STREET ADDRESS							ADDRESS						1
CITY-ST-ZIP						CITY-S	ST-ZIP			. J. samon j roma sa salam ing kan indonesin manga sama sa sahatan sakan s	- 2 - March 2000 () 1 1	. Son December 1 - Anne 1 gold John Jo . Son July grown propage	
TITLE NAME						TITLE							
STREET ADDRESS							ADDRESS			DO NOT	WDIT	· E	
CITY-ST-ZIP	ST-ZIP						CITY-ST-ZIP TITLE			DO NOT WRITE			
TITLE NAME								IN THIS SPACE				E	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CiTY-S	IT-ZIP						-
TITLE NAME					•	TITLE							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY-S	ii-Z!P						-
TITLE NAME						TITLE NAME				•			
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY-S	11-ZIP						1

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

904-998-8300 Daytime Phone #