2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P03000115893 1. Entity Name LANDMARK-WESTON HOMES MANAGEMENT, INC.					05-05-2008	90261 045 ***150).00
Principal Place 36 FIESTA WA FT LAUDERDA		Mailing Address 36 FIESTA WAY FT LAUDERDALE, FL 33			OLIGO IZALI GOLAN OGNI OGNI	1k (1801) Webb Chieft Telefo Telefo (1	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Box			2205				
Suite, Apt.	anderdale FL.	Suite, Apt. #, etc.		04222008	Chg-P	CR2E034 (12/06)	
City & State	9	fit State uderde		4. FEI Number 20-0320			pplied For at Applicable
3330	Country SA	33303	Country	5. Certificate of	of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and	Address of New R	egistered Agent	~
2500 WES	FORMATION SERVICES, INC. TON RD STE 404	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
WESTON,	·:						
	1	the purpose of changing its r	City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	
	named (mitry submits this statement in its of registered agent) Signature, typed of printed faire of registered agent	Roy	D. OPEN Registered Agent segnature regus	I HEFM ired when remstating)	i, iii the State Of Fic	DATE SING	2K
FIL After Ma	E NOWAL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig		5.00 May Be dded to Fees			
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	D BELLET, MICHAEL 36 FIESTA WAY FT LAUDERDALE, FL 33301	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPPENHEIM, ROY D 2500 WESTON RD STE 404 WESTON, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	11201011,112 00001	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby indicated of the concept	certify that the information supplied with d on this report or supplemental report is rporation or the receiver or trustee emp for on an attachment with an address.	this filing does not qualify for true and accurate and that movered to execute this report with a other like empowered.	r the exemptions contain ny signature shall have the as required by Chapter	ned in Chapter 119 he same legat effec 607, Florida Statute	, Florida Statutes. t as if made under s; and that my nam	I further certify that the it oath; that I am an office the appears in Block 10 c	r Block 11 if