2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

56/ 39/-5057 Daytime Phone 1

J-16-2006

ANNUAL KEPUKI				Secretary of State
DOCU! 1. Emity Name LANDCO		210		
Principal Place	e of Business	Mailing Address		-
2220 N DIXIE	E HWY	2220 N DIXIE HWY		
BOCA RATON	l, FL 33431	BOCA RATON, FL 33431		
		-	-	I SEEMEN NE 1988 REUS REUS REUM ERIN ERIN ERIN KERE MEER MEER HUS EURES IN 1988
- 			- Articles	
				01162006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FE! Number Applied For
				65-0727009 Not Applicable
				5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Ţ	t ea treduido
	Mr.		· ·	
AEBERSOLD, ROBERT D				DO NOT WRITE
2220 N DIXIE HWY BOCA RATON, FL 33431			1	
BOCA RATON, FL 33431			{	IN THIS SPACE
	The state of the s		int Second and in the second	
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 Signature: typed or pilinted name of registered agent and title if applicable. (NOTE Registered Agent significance required when reinstalling)* DATE				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.			i.00 May Be ded to Fees
10.	ÖFFICERS AND	DIRECTORS	4	The state of the s
TITLE NAME	DPTS AEBERSOLD, ROBERT D		`{`	
STREET ADDRESS	2220 N DIXIE HWY		í	
CITY-ST-ZIP	BOCA RATON, FL 33431		1	I de commence e e e e
TITLE		*	1	U00000391364
NAME			ł	
STREET ADDRESS	}		•	
CITY-ST-ZIP	<u> </u>		-{	*
TITLE NAME		,	1	<u> </u>
STREET ADDRESS			1	DO NOT WOITE
CITY-ST-ZIP	}		}	DO NOT WRITE
TATLE		e , _e ,	-]	IN THIS SPACE
NAME			3	IN THIS SPACE
STREET ADDRESS			1	
CITY-ST-ZIP		 	4	
TITLE		·	1	
NAME STREET ADDRESS	}		1	
CITY - ST - ZIP	1		1	
THE		· · · · · · · · · · · · · · · · · · ·		Control of the Commence of the Control of the Contr
NAME	{		ij "	· - · _ <u>- · · · · · · · · · · · · · · · · · · </u>
STREET ADDRESS	}		1	
C174-21-21P	Į.		ſ	
12. I hereby	certify that the information supplied with	this filing does not qualify for the e	xemptions containe	ed in Chapter 119, Florida Statutes, I further certify that the information
) indicated	t on this report or sumplemental report is	true and accurate and that my sind	atura chall hawa tha	earne local effect as if made under noth, that I am an officer or director
changed	, or on an attachment with an address,	with all other like empowered.	,	37, Florida Statutes; and that my name appears in Block 10 or Block 11

RILL Adleraly Robert D Achen old

SIGNATURE: _