## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Possion Report Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

rension	Berlent Guaranty Corporation	<ul> <li>Complete all entries in acc</li> </ul>	ordance v	vith the instruc	ctions to the Form 550	0-SF.				
Part I		Identification Information								
For cale	ndar plan year 2012 or fi	scal plan year beginning 01/01/2	2012		and ending 1	2/31/2	2012			
<b>A</b> This	return/report is for:	🔀 a single-employer plan	a multi	ple-employer pl	an (not multiemployer)		a one-partici	pant plan		
<b>B</b> This	return/report is:									
		an amended return/report	a short	plan year return	n/report (less than 12 mg	onths)	)			
C Chec	k box if filing under:			DFVC progra	am					
• 01100	in box ii iiiiig under.									
Part II	Rasic Plan Info	special extension (enter descripormation—enter all requested info	,							
	ne of plan	mination—enter all requested info	omation			1h	Three-digit			
	RK, INC. RETIREMENT	PLAN AND TRUST				10	plan number			
							(PN) <b>•</b>	001		
						1c	Effective date of plan			
							01/01	/2007		
2a Plar LANDME		dress; include room or suite number	r (employe	r, if for a single-	employer plan)	2b	Employer Identi			
LANDINE	KK, INC.						(=114)	119998		
						2c	Sponsor's telep			
12501 S.\ MIAMI, FL	V. 134 COURT 33186	12501 S.V MIAMI, FL	N. 134 CO 33186	URT		24				
,,		,	- 00.00			Zu	81131	(see instructions)		
3a Plan	administrator's name a	nd address XSame as Plan Sponso	or Name	Same as Plan	Sponsor Address	3h	Administrator's			
Ja i iai	i administrator s name a	Modifie as Fiair oponso	oi ivaille [	_Same as riai	Oponsor Address	35	Administrator 5	LIIN		
						3с	Administrator's	telephone number		
						_				
		e plan sponsor has changed since the mber from the last return/report.	ne last retu	rn/report filed fo	or this plan, enter the	4b EIN				
	nsor's name	mber from the last return/report.				4c	PN			
		at the beginning of the plan year				5a	<u> </u>	6		
_		at the end of the plan year				5b	+	0		
		account balances as of the end of the				30	+	0		
		account balances as of the end of the		•		5с		0		
6a We	ere all of the plan's asset	s during the plan year invested in eli	gible asset	ts? (See instruc	tions.)			X Yes No		
_		f the annual examination and report	-							
		? (See instructions on waiver eligibili						X Yes No		
lf y	ou answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use	Form 5500-SF	and must instead use	Form	5500.			
		or incomplete filing of this return/	•							
		ther penalties set forth in the instructind signed by an enrolled actuary, as								
	is true, correct, and com		well as th	e electronic ver	sion of this return/report	, and	to the best of my	knowledge and		
•		<u> </u>			1					
SIGN	Filed with authorized	/valid electronic signature.	01/	/30/2013	BARBARA PITALUGA	l.				
HERE	Signature of plan a	ıdministrator	Da	te	Enter name of individu	ual sig	ıning as plan adr	ninistrator		
SIGN										
HERE	Signature of emplo	ver/plan sponsor	Da	te	Enter name of individu	ıal sid	ning as employe	er or plan sponsor		
Prepare		name, if applicable) and address; inc						number (optional)		
·	, ,	,			,		·	, , ,		

Form 5500-SF 2012 Page **2** 

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	(b) End of Year					
a	Total plan assets	7a	10179			0				
	Total plan liabilities	7b		0			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	10179	7						0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
	Contributions received or receivable from:		(1)							
	(1) Employers	8a(1)		0						
	(2) Participants	Participants								
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	-1373	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-1373	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8806	4						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8806	<del>3</del> 4
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							10179	97
j_	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	he instru	ctions	•	
D	(V   Q   Q   Q   Q									
Par					Yes	No	I			
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in		162	NO		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
c	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q	İ	Χ				
h	, , , , , , , , , , , , , , , , , , , ,	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the							
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
_11a	Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Day Year									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.	•			· ·			
b	Enter the minimum required contribution for this plan year					12b				

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С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report	Identification Information	·						
For calendar plan year 2012 or f	iscal plan year beginning 01/01/2012	and ending	12/31/2	012				
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer)		a one-particip	oant plan			
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	short plan year return/report (less than 12 m	nonths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	ım			
	special extension (enter description	n)						
Part II Basic Plan Info	ormation—enter all requested informat				-			
1a Name of plan			1b	Three-digit	<u> </u>			
LANDMERK, INC. RETIREMENT	PLAN AND TRUST			plan number				
				(PN) •	001			
			10	Effective date o	-			
<b>2a</b> Plan sponsor's name and ac LANDMERK, INC.	ddress; include room or suite number (em	nployer, if for a single-employer plan)	2b	Employer Identi (EIN) 65-09	fication Number 19998			
12501 S.W. 134 COURT	12501 S.W. 13	34 COURT	2c	Sponsor's telep				
MIAMI, FL 33186	MIAMI, FL 331		2d	2d Business code (see instructions) 811310				
3a Plan administrator's name a	and address XSame as Plan Sponsor Na	ame Same as Plan Sponsor Address	3b	Administrator's	EIN			
			30	Administrator's	telephone number			
			00	Administrator 3	telephone number			
4 If the name and/or EIN of th	no plan apanagr has abangad sings the la	ot voti um/von est filed for this plan antov the	Ab	FINE				
	ne plan sponsor has changed since the la umber from the last return/report.	st return/report filed for this plan, enter the	40	EIN				
a Sponsor's name			4c	PN				
5a Total number of participants	s at the beginning of the plan year		- 5a		6			
<b>b</b> Total number of participants	s at the end of the plan year		· 5b		0			
	account balances as of the end of the pl	an year (defined benefit plans do not	. 5c		0			
6a Were all of the plan's asse	ts during the plan year invested in eligible	e assets? (See instructions.)			X Yes No			
		n independent qualified public accountant (IC nd conditions.)			X Yes No			
	,	ot use Form 5500-SF and must instead use						
Caution: A penalty for the late	or incomplete filing of this return/rep	ort will be assessed unless reasonable ca	use is	established.				
		, I declare that I have examined this return/re						
belief, it is true, correct, and con		Il as the electronic version of this return/repo	n, and	to the best of my	knowledge and			
SIGN		1 1						
HERE Signature of plan	administrator	Date 125/13 Enter name of indivi	dual sig	ning as plan ad	ministrator			
SIGN	<i></i>	1/25/13						
	oyegolan sponsor	Date Enter name of indivi	_					
Preparer's name (including firm	name, if applicable) and address; include	e room or suite number (optional)	Prep	arer's telephone	number (optional)			

Pa	rt III Financial Information					<del>.</del>					
7	Plan Assets and Liabilities	12000	(a) Beginning of Yea	r	(b) End of Year						
a	Total plan assets	7a	10179						0		
b	Total plan liabilities	7b		0				1	0		
C	Net plan assets (subtract line 7b from line 7a)	7c	10179	7					0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from:		, ,						51 X F. \$4.11 1 1 1		
	(1) Employers	8a(1)		0				.142			Selection Selection
	(2) Participants	8a(2)		0	Herio.					Henri La La	
<u> </u>	(3) Others (including rollovers)	8a(3)		0			rezhun sija. Peza di dako			rilge. Halifes	
	Other income (loss)	1	-1373	3 (800)	8	ningein:	iig kaan eyin			. 1 3 620 . 1 3 621	
$\frac{c}{d}$	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			H LC:	n dagag	2002000	-	1373	3	
u	to provide benefits)	. 8d	8806	4	100						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0	(3/3/17 13/3/17						Ž.
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	783		Maria Minara Talang Banda Banda Banda				400
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			888 8				8806	4	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							10179	7	
j	Transfers to (from) the plan (see instructions)	. 8j		0	11						
Pa	rt IV Plan Characteristics		,			_					-
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Char	acteris	ic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	Cod	es in th	ne instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Ame	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi uciary Cori	n the time period described in rection Program)	10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х					
C				10c		Х					
-						х					
	or dishonesty?			10d							
	<ul> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)</li> </ul>	of the bene	efits under the plan? (See	10e		х					
f		_		10f		Х					
				1		X					
		<u>·</u>		10g		^		i jes			
	2520.101-3.)	` ••••••	••••••	10h		Х					
	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he required 1-3	d notice or one of the	10i							
Par	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete \$	Sched	lule SE	3 (Form	Гг	Yes	X	No
118	Enter the amount from Schedule SB line 39					11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   X   No										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012		Page <b>3</b> - 1	<del></del>		
	Enter the amount contributed by the employer to the	plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line negative amount)			,		
е	Will the minimum funding amount reported on line 12	d be met by the funding o	leadline?		Yes	□ No □ N/A
Part	VII Plan Terminations and Transfers o	f Assets				
13a	Has a resolution to terminate the plan been adopted in a	ny plan year?		Х	Yes N	lo
	If "Yes," enter the amount of any plan assets that rev	erted to the employer this	year	13a		
b	Were all the plan assets distributed to participants or of the PBGC?	beneficiaries, transferred	to another plan, or brought un	der the control	_	X Yes No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instr		to another plan(s), identify the	plan(s) to		
	3c(1) Name of plan(s):			13c(2) E	IN(s)	13c(3) PN(s)
			}			
B.	VIII Trust Information (antional)					

14a Name of trust

14b Trust's EIN