2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L00000001519

1. Entity Name
BIG CAT'S LANDSCAPING SERVICES, LLC

Principal Place of Business
6251 PHILIPS HIGHWAY
JACKSONVILLE FL 32216

Mailing Address
6251 PHILIPS HIGHWAY
#3
JACKSONVILLE FL 32216

2. Principal Place of Business
K59 Park Ave
Suite, Apt. #, etc.
STE 106
City & State
ORANGE PARK, FL
Zip
32073
Country
USA

3. Mailing Address
859 Park Ave
Suite, Apt. #, etc.
STE 106
City & State
ORANGE PARK, FL
Zip
32073
Country
USA

4. FEI Number
59-3622834

5. Certificate of Status Desired
X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FORDHAM, TODD
13245 ATLANTIC BLVD., 4-361
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
Name
FORDHAM, TODD
Street Address (P.O. Box Number is Not Acceptable)
1600 NOTTINGHAM KNOLL
City
JACKSONVILLE
FL
Zip Code
32225

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 registration.

SIGNATURE

FILE NOW!!! FEE IS $50.00 Due By May 1, 2005
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY, ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGR</td>
<td>FORDHAM, TODD</td>
<td>1600 NOTTINGHAM KNOLL</td>
<td>JACKSONVILLE FL 32225</td>
</tr>
</tbody>
</table>

10. ADDITIONS/CHANGES

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY, ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGR</td>
<td>KELLER, PATRICK</td>
<td>3619 PASO FINO ROAD</td>
<td>GREEN COVE SPRINGS FL 32079</td>
</tr>
</tbody>
</table>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(e), 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

DATE

Daytime Phone #