**2008 LIMITED LIABILITY COMPANY**
**ANNUAL REPORT**

**DOCUMENT # L00000001519**
1. **Entity Name**
   BIG CAT'S LANDSCAPING SERVICES, LLC

   **Principal Place of Business**
   3918 PASO FINO RD.
   GREEN COVE SPRINGS, FL 32043

   **Mailing Address**
   PO BOX 917
   GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE IN THIS SPACE**

5. **Name and Address of Current Registered Agent**
   KELLER, PATRICK E MR.
   3918 PASO FINO RD
   GREEN COVE SPRINGS, FL 32043

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]
   [Date]

**FILE NOW!! FEE IS $138.75**
After May 1, 2008 Fee will be $338.75

9. **MANAGING MEMBERS/MANAGERS**
   - **TITLE**: PRES
     **NAME**: KELLER, PATRICK E MR
     **STREET ADDRESS**: 3918 PASO FINO RD
     **CITY-STATE-ZIP**: GREEN COVE SPRINGS, FL 32043

   - **TITLE**: [Blank]
     **NAME**: [Blank]
     **STREET ADDRESS**: [Blank]
     **CITY-STATE-ZIP**: [Blank]

   - **TITLE**: [Blank]
     **NAME**: [Blank]
     **STREET ADDRESS**: [Blank]
     **CITY-STATE-ZIP**: [Blank]

   - **TITLE**: [Blank]
     **NAME**: [Blank]
     **STREET ADDRESS**: [Blank]
     **CITY-STATE-ZIP**: [Blank]

   - **TITLE**: [Blank]
     **NAME**: [Blank]
     **STREET ADDRESS**: [Blank]
     **CITY-STATE-ZIP**: [Blank]

   - **TITLE**: [Blank]
     **NAME**: [Blank]
     **STREET ADDRESS**: [Blank]
     **CITY-STATE-ZIP**: [Blank]

11. **I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 manager or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.**

   **SIGNATURE:**
   [Signature]
   [Date]
   [Printed Name of Signing Managing Member, or Authorized Representative]