


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90069 001 ****50.00

DOCUMENT # L01000017423

1. Entity Name
ALL AMERICAN LANDSCAPING OF SOUTH FLORIDA, L.C.



Principal Place of Business Mailing Address
2199 PINCE DE LEON SUITE 301 CORAL GABLES, FL 33134 **2199 PINCE DE LEON SUITE 301 CORAL GABLES, FL 33134**

24057350

2. Principal Place of Business 3. Mailing Address
4778 N. W. 107th Avenue **P. O. Box 191722**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

#205
 City & State City & State
Miami, FL 33178 **Miami Beach, FL 33119**
 Zip Zip Country Country
33178 **33119** **USA** **USA**

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
65-1146058 Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART AGENT SERVICE
2199 PONCE DR LEON BLVD.
SUITE 301
CAROL SPRINGS, FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR/MGRM/Pres	Traverso, Tomas, P.	P.O. Box 191722	Miami Beach, FL 33119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/Sec	Traverso, Viviana, V.	P. O. Box 191722	Miami Beach, FL 33119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 205-576-1414 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE