

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90006 021 ****50.00

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DOCUMENT # L01000017423

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



Principal Place of Business Mailing Address
~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~ ~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~
~~CORAL GABLES FL 33146~~ ~~CORAL GABLES FL 33146~~

2. Principal Place of Business 3. Mailing Address
2199 Ponce de Leon **2199 Ponce de Leon Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 301 **Suite 301**

City & State City & State
Coral Gables **Coral Gables FL**

Zip Country Zip Country
33134 **USA** **33134** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1146058** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STINSON, LOUIS JR.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Stewart Agent Service
2199 Ponce de Leon Blvd
Suite 301
Coral Gables, FL 33134 **3/1**

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, and I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **manager** **3/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MP <input type="checkbox"/> Delete
NAME	KAPLAN, CHANCE T
STREET ADDRESS	1754 EAST COMMERCIAL BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE FL 33334
TITLE	S <input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR.
STREET ADDRESS	4675 PONCE DE LEON BOULEVARD, SUITE 305
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Stinson, Louis, Jr	
STREET ADDRESS	2199 Ponce de Leon Blvd # 301	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **manager** **3/26/03** **305-444-8807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)