


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 13 AM 8: 15

DOCUMENT # L03000023501 1. Entity Name LANDSCAPE DESIGN SERVICES, LLC	
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Principal Place of Business 11780 U.S. HWY. 1, STE. 500 NORTH PALM BEACH, FL 33408	Mailing Address 11780 U.S. HWY. 1, STE. 500 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

	
03172008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 43-2021015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. HIGHWAY ONE 3RD FLOOR NORTH PALM BEACH, FL 33408

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

700128802447
05/08/08--01010--035 **138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR President and manager O'LEARY, WILLIAM T 11780 U.S. HWY ONE SUITE 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Donna L. Doty 11780 U.S. Highway One, #500 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donna L. Doty Date: 3.18.08 Daytime Phone #: 561.221-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE