


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000041438			
1. Entity Name PENINSULA LAWN AND LANDSCAPING SERVICE, LTD. LIABILITY CO.			
Principal Place of Business 6811 SW 84TH AVENUE MIAMI FL 33143		Mailing Address P.O. BOX 1463 SOUTH MIAMI FL 33243-1463	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc. <i>SAME</i>		Suite, Apt #, etc. <i>SAME</i>	
City & State <i>SAME</i>		City & State <i>SAME</i>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPEAKMAN, CHARLES B 6811 SW 84TH AVENUE MIAMI FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <i>SAME</i> 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 <i>Charles B. Speakman</i>		CHARLES B. SPEAKMAN - 01-22-04 DATE	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEAKMAN, CHRALES B 6811 SW 84TH AVENUE MIAMI FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000021194 01/29/04-80098-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Charles B. Speakman* CHARLES B. SPEAKMAN 01-22-04 951-9459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #