

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045100

FILED
Jan 09, 2007
Secretary of State

Entity Name: OTHER SIDE SOD COMPANY, LLC

Current Principal Place of Business:

3356 SW COUNTY ROAD 769
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

3356 SW COUNTY ROAD 769
ARCADIA, FL 34269

New Mailing Address:

FEI Number: 06-1714011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JOHN C ATTY
21202-C2 OLEAN BOULEVARD
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

DERISO, JOEL C II
3356 S.W. C.R. 769
ARCADIA, FL 34269 US

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.

SIGNATURE: J.C. DERISO II

01/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DERISO, JOEL C
Address: 3356 SW COUNTY ROAD 769
City-St-Zip: ARCADIA, FL 34269

Title: MEMB () Delete
Name: DERISO, SUZANNE T
Address: 3356 SW CO RD 769
City-St-Zip: ARCADIA, FL 34269 US

Title: MEMB () Delete
Name: DERISO II, JOEL C
Address: 3356 SW CO RD 769
City-St-Zip: ARCADIA, FL 34269 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J.C. DERISO II

MEMB

01/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date