


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 005 ****55.00

DOCUMENT # L04000020405

1. Entity Name
ORTIZ LANDSCAPE SUPPLY, LLC



Principal Place of Business
**351 HORSE CLUB AVENUE
 CLEWISTON, FL 33440 US**

Mailing Address
**351 HORSE CLUB AVENUE
 CLEWISTON, FL 33440 US**

20001947



2. Principal Place of Business
406 HORSE CLUB AVE
 Suite, Apt. #, etc.

3. Mailing Address
406 HORSE CLUB AVE
 Suite, Apt. #, etc.

01162006 Chg-LLC CR2E083 (11/05)

City & State
Clewiston FL

City & State
Clewiston FL

Zip
33440

Country
USA

Zip
33440

Country
USA

4. FEI Number
20-1766489

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ORTIZ, RICARDO
 351 HORSE CLUB AVENUE
 CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent

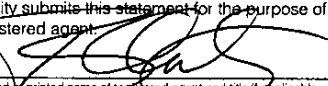
Name
ORTIZ, RICARDO

Street Address (P.O. Box Number is Not Acceptable)
406 HORSE CLUB AVENUE

City
Clewiston

FL Zip Code
33440

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 **1/16/06**

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, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, RICARDO 351 HORSE CLUB AVENUE CLEWISTON, FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MARIA 351 HORSE CLUB AVE CLEWISTON, FL 33440 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, RICARDO 406 HORSE CLUB AVENUE CLEWISTON FL 33440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MARIA 406 HORSE CLUB AVE CLEWISTON FL 33440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **1/16/06** 863-228-4716

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