


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000020405 1. Entity Name ORTIZ LANDSCAPE SUPPLY, LLC	
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Principal Place of Business 406 HORSE CLUB AVENUE CLEWISTON, FL 33440 US	Mailing Address 406 HORSE CLUB AVENUE CLEWISTON, FL 33440 US
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03192007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

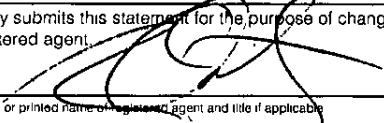
4. FEI Number 20-1766489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, RICARDO  
 406 HORSE CLUB AVENUE  
 CLEWISTON, FL 33440

**DO NOT WRITE IN THIS SPACE**

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: 3/19/07

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, RICARDO 406 HORSECLUB AVE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MARIA 406 HORSECLUB AVE CLEWISTON, FL 33440
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 04/17/07-80013-020 50.00

**DO NOT WRITE IN THIS SPACE**

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: 3/19/07 DAYTIME PHONE #

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