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Secretary of State

03-08-2005 90028 021 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/8

DOCUMENT # L04000041773

1. Entity Name
MAYO'S LAWN MAINTENANCE, LLC

300003106

Principal Place of Business	Mailing Address
5339 SE 57TH COURT TRENTON, FL 32693	5339 SE 57TH COURT TRENTON, FL 32693

2. Principal Place of Business		3. Mailing Address	
1206 SW 143rd St.		1206 SW 143rd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Newberry Fl.		City & State: Newberry Fl.	
Zip: 32669	Country: U.S.A.	Zip: 32669	Country: USA

02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 904 A000 38135 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYO, BILLY J MR. 5539 SE 57TH COURT TRENTON, FL 32693	Name Street Address (P.O. Box Number is Not Acceptable) 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MAYO, BILLY J JR. 5339 SE 57TH COURT TRENTON, FL 32693 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Mayo, Billy J Jr. 1206 SW 143 St Newberry, FL. 32669 [X] Change ☐ Addition — address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Billy Joe Mayo Jr. 3-7-05 352-317-2387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #