2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# L04000070315

Entity Name: PRIMECARE LANDSCAPE, LLC

Current Principal Place of Business:

1632 BEAR CROSSINGS CIR
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1632 BEAR CROSSINGS CIR
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-1669919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAUDIO, CLARETTI
1632 BEAR CROSSINGS CIR
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CLAUDIO, CLARETTI
Address: 1632 BEAR CROSSINGS CIR
City-St-Zip: APOPKA, FL 32703 US

Title: MGR ( ) Delete
Name: AURELIO, MOGNO
Address: 9840 MONTCLAIR CIR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: CLAUDIO CLARETTI MGR 01/07/2005

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