**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 03, 2002 8:00 am Secretary of State DOCUMENT # M01000001546 05-08-2002 90079 039 \*\*\*\*50.00 TOLL LANDSCAPE, L.L.C. Principal Place of Business Mailing Address 90643 3103 PHILMONT AVE. 3103 PHILMONT AVE. **HUNTINGDON VALLEY PA 19006 HUNTINGDON VALLEY PA 19006** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *3*034 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE (9/01) ☐ Change XI Addition NAME NAME Röbert I. Toll STREET ADDRESS STREET ADDRESS 3103 Philmont Avenue CR2E083 CITY-ST-ZIP CITY-ST-ZIP Huntingdon Valley, PA 19006 TITLE Delete TITLE MGR Change Addition NAME NAME Zvi Barzilay STREET ADORESS STREET ADDRESS 3103 Philmont Avenue CITY-ST-ZIP CITY-ST-ZIP Huntingdon Valley, PA 19006 TITLE Delete TITLE ☐ Change Addition Joel H. Rassman NAME STREET ADDRESS STREET ADDRESS 3103 Philmont Avenue CITY-ST-ZIP CITY-ST-ZIP <u> Huntingdon Valley, PA 19006</u> TITLE Delete TITLE V. ☐ Change **Addition** NAME NAME Kenneth J. Gary STREET ADDRESS STREET ADORESS 3103 Philmont Avenue CITY-ST-ZIP CITY-ST-ZIP Huntingdon Valley, PA 19006 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 flability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Kenneth J. Gary

4/25/02

Daytime Phone #

(215)938-8000

Tr.QUIFVice President

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OF