## ,2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # M01000001546** 04-27-2004 90017 021 \*\*\*\*50.00 TOLL LANDSCAPE, L.L.C. Principal Place of Business Mailing Address 3103 PHILMONT AVE. 3103 PHILMONT AVE. 24056080 **HUNTINGDON VALLEY, PA 19006** HUNTINGDON VALLEY, PA 19006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 23-2417123 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TOLL, ROBERT I STREET ADDRESS 3103 PHILMONT AVENUE STREET ADDRESS CITY-ST-ZIP HUNTINGDON VALLEY, PA 19006 CITY-ST-ZIP TITLE MGR ☐ Delete ☐ Change Addition BARZILAY, ZVI NAME NAME STREET ADDRESS 3103 PHILMONT AVENUE STREET ADDRESS HUNTINGDON VALLEY, PA 19006 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition RASSMAN, JOEL H NAME NAME STREET ADDRESS STREET ADDRESS 3103 PHILMONT AVENUE CITY-ST-ZIP **HUNTINGDON VALLEY, PA 19006** CITY - ST - 7/P Delete TITLE TITI E ☐ Change ☐ Addition GARY, KENNETH J NAME NAME STREET ADDRESS 3103 PHILMONT AVENUE STREET ADDRESS CITY-ST-ZIP HUNTINGDON VALLEY, PA 19006 CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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

CITY-ST-ZIP

4/15/04

Date

(215) 938-8000

**FILED** 

Daytime Phone #