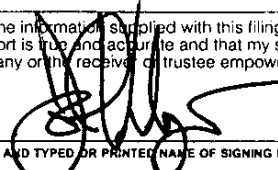


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90047 050 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                              |                                                                                                                                            |                                                                                   |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| DOCUMENT # M01000001546                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                              |                                                                                                                                            |  |                                                                      |
| <b>1. Entity Name</b><br>TOLL LANDSCAPE, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                              |                                                                                                                                            |                                                                                   |                                                                      |
| <b>Principal Place of Business</b><br>250 GIBRALTAR ROAD<br>HORSHAM, PA 19044                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                              | <b>Mailing Address</b><br>250 GIBRALTAR ROAD<br>HORSHAM, PA 19044                                                                          |                                                                                   |                                                                      |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | <b>3. Mailing Address</b>                                                    |                                                                                                                                            |                                                                                   |                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | Suite, Apt. #, etc.                                                          |                                                                                                                                            |                                                                                   |                                                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | City & State                                                                 |                                                                                                                                            |                                                                                   |                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country                                                                       | Zip                                                                          | Country                                                                                                                                    | 4. FEI Number<br><b>23-2417423-</b>                                               |                                                                      |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                              |                                                                                                                                            | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |                                                                      |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                              | <b>7. Name and Address of New Registered Agent</b>                                                                                         |                                                                                   |                                                                      |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right; font-weight: bold;">FL</div> Zip Code |                                                                                   |                                                                      |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                               |                                                                              |                                                                                                                                            |                                                                                   |                                                                      |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                              |                                                                                                                                            |                                                                                   |                                                                      |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | <b>Make check payable to<br/>Florida Department of State</b>                 |                                                                                                                                            |                                                                                   |                                                                      |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                               |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGR<br>TOLL, ROBERT I<br>3103 PHILMONT AVENUE<br>HUNTINGDON VALLEY, PA 19006  | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | MGR/VP<br>Edward D. Weber<br>250 Gibraltar Road<br>Horsham, PA 19044 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                            |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGR<br>BARZILAY, ZVI<br>3103 PHILMONT AVENUE<br>HUNTINGDON VALLEY, PA 19006   | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                            |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGR<br>RASSMAN, JOEL H<br>3103 PHILMONT AVENUE<br>HUNTINGDON VALLEY, PA 19006 | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                            |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>MOGANO, JOHN G<br>250 GIBRALTAR ROAD<br>HORSHAM, PA 19044                | <input type="checkbox"/> Delete                                              |                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | MGR/P<br>John G. Mangano                                             |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                            |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | <input type="checkbox"/> Delete                                              |                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                            |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               | <input type="checkbox"/> Delete                                              |                                                                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                            |                                                                                   |                                                                      |
| <b>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.</b> |                                                                               |                                                                              |                                                                                                                                            |                                                                                   |                                                                      |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               | John G. Mangano, Manager & President 215-938-8000                            |                                                                                                                                            |                                                                                   |                                                                      |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               | <small>Date</small>                                                          |                                                                                                                                            | <small>Daytime Phone #</small>                                                    |                                                                      |