LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90576 017 ****55.00

DOCUMENT # M99000001333

1. Entity Name
Landscapes Unlimited, L.L.C. of Nebraska

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957234

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2. Principal Place of Business	3. Mailing Address
1201 Aries Drive	1201 Aries Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lincoln, NE	City & State: Lincoln, NE
Zip: 68512 Country:	Zip: 68512 Country:

4. FEI Number: 47-0822871 — Applied For / Not Applicable

5. Certificate of Status Desired: XX — $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	William M. Kubly
STREET ADDRESS	1201 Aries Drive
CITY-ST-ZIP	Lincoln, NE 68512
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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] William M. Kubly 5/1/02 402-423-6653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #