


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000023258 1. Entity Name ADVANCED LANDSCAPE MANAGEMENT LLC	
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Principal Place of Business 205-12 EDGAR ST. ATLANTIC BEACH, FL 32233	Mailing Address PO BOX 330144 ATLANTIC BEACH, FL 32233
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**DO NOT WRITE IN THIS SPACE**



03222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 68-0521113	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00**  
**Due by May 1, 2004**

1100000097295  
 03/26/04-80033-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANTER, WILLIAM 1683 MCDOWELL AVE. AURORA, IL 60504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FANTER, JOLYNNE 1683 MCDOWELL AVE. AURORA, IL 60504
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:  3-22-04 630-258-7468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #