

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053145

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

**Entity Name:** AB LANDSCAPING PARTNERSHIP, LLC

**Current Principal Place of Business:**

801 LAUREL OAK DRIVE  
708  
NAPLES, FL 34108

**New Principal Place of Business:**

5084 POST OAK LANE  
NAPLES, FL 34108

**Current Mailing Address:**

801 LAUREL OAK DRIVE  
708  
NAPLES, FL 34108

**New Mailing Address:**

5084 POST OAK LANE  
NAPLES, FL 34108

**FEI Number:** 26-0237836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CIALONE, ANTHONY M  
5084 POST OAK LANE  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CIALONE, ANTHONY M  
Address: 5084 POST OAK LANE  
City-St-Zip: NAPLES, FL 34105

Title: MGRM  
Name: FRONTERA, WILLIAM A  
Address: 5135 GULF OF MEXICO DR UNIT 101  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY CIALONE JR.

MGRM

04/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date