

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015556

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** ROYAL GARDENS LAWN & LANDSCAPE, LLC

**Current Principal Place of Business:**

3726 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

3726 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32805

**New Mailing Address:**

P. O. BOX 692584  
ORLANDO, FL 32869

**FEI Number:** 59-3744770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUFFMAN, BRIAN  
11001 MOON CREST LANE  
LEESBURG, FL 34786 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/MEMBERS:**

Title: P ( ) Delete  
Name: HUFFMAN, BRIAN  
Address: 11001 MOON CREST LANE  
City-St-Zip: LEESBURG, FL 34786

Title: S ( ) Delete  
Name: HUFFMAN, BARBARA  
Address: 11001 MOON CREST LANE  
City-St-Zip: LEESBURG, FL 34786

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUFFMAN, BRIAN  
Address: 11001 MOON CREST LANE  
City-St-Zip: LEESBURG, FL 34786

Title: MGRM (X) Change ( ) Addition  
Name: HUFFMAN, BARBARA  
Address: 11001 MOON CREST LANE  
City-St-Zip: LEESBURG, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA HUFFMAN

MGRM

04/20/2004

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