2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 13, 2005 8:00 am Secretary of State DOCUMENT # L02000005629 05-13-2005 90048 005 ****50 00 ENVIRO-FRIENDLY VEGETATION CONTROL, L.C. Principal Place of Business Mailing Address 20058796 POSTOFFICE DRAWER 511447 C/O JACK A. HACKETTT II, ESQ. POST OFFICE DRAWER 511447 C/O JACK O MACKETTT II, ESQ. PUNTA GORDA, FL 33951-1447 PUNTA GORDA, FL 33951-1447 Principal Place of Business 99 NESBIT STREET 3. Mailing Address 99 NESBIT STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For GORDA GORDA PUNTA PUNTA 02-0582596 Not Applicable \$5.00 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HACKETT, JACK O II, ESQ Street Address (P.O. Box Number is Not Acceptable) 99 NESBIT STREET PUNTA GORDA, FL 33951-1447 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PALMER, RICHARD D NAME STREET ADDRESS 2704 HIBISCUS COURT STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP CITY-ST-ZIP TITE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the intermation 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 flue 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MY 40 INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

D. PALMER, MANAGER

SIGNATURE

FILED

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