

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90064 040 ****50.00

DOCUMENT # L02000009883 1. Entity Name SOUTH SHORE LANDSCAPE, L.C.					
Principal Place of Business C/O FLORIDA ENVIRONMENTAL, INC. 2579 TOLEDO BLADE BOULEVARD NORTH PORT, FL 34286			Mailing Address C/O JACK O. HACKETT II, ESQUIRE POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 99 NESBIT STREET Suite, Apt. #, etc.			
City & State		City & State PUNTA GORDA, FL		4. FEI Number 75-3052694	
Zip 33950		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ C/O FARR, FARR, EMERICH, SIFRIT, HACKETT & 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name HACKETT, JACK O. II, ESQ. Street Address (P.O. Box Number is Not Acceptable) FARR LAW FIRM 99 NESBIT STREET City PUNTA GORDA FL Zip Code 33950		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLANCEY, FRANCIS J 2579 TOLEDO BLADE BLVD. NORTH PORT, FL 34286	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Francis J. Clancey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> FRANCIS J. CLANCEY, MANAGER			Date 2/18/05 <small>Daytime Phone #</small>		