

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 049 ****50.00

DOCUMENT # L02000027480 1. Entity Name FLORIDA SOD SUPPLY, L.L.C.					
Principal Place of Business 5405 PARK CENTRAL COURT NAPLES, FL 34109			Mailing Address 5405 PARK CENTRAL COURT NAPLES, FL 34109		
2. Principal Place of Business 12810 Tamiami Trail N. Suite, Apt. #, etc.		3. Mailing Address 12810 Tamiami Trail N. Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 51-0432041	
Zip 34110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCVEY, JAMES L 5405 PARK CENTRAL COURT NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12810 Tamiami Trail N. City Naples FL Zip Code 34110		
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 <u>JAMES L. McVey</u> DATE <u>4-7-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCVEY, JAMES L 5405 PARK CENTRAL COURT NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12810 Tamiami Trail N. Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBISON, STEPHEN V 5405 PARK CENTRAL COURT NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12810 Tamiami Trail N. Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATES, TODD E 5405 PARK CENTRAL COURT NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12810 Tamiami Trail N. Naples, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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"/> Delete	<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"/> Delete	<input type="checkbox"/> Delete	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: <u>Stephen V. Robison</u> DATE <u>4-7-04</u> DAYTIME PHONE # <u>239-593-3777</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					