

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 31, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000000006**

1. Entity Name  
**THE SHEPHERD'S LANDSCAPING, LLC**



Principal Place of Business  
**10519 SE HWY. 441  
BELLEVIEW, FL 34420**

Mailing Address  
**10519 SE HWY. 441  
BELLEVIEW, FL 34420**



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1146277**

Applied For  
(Not Applicable)

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**VIDAL, ALBERT J ESQ.  
1521 SE 36TH AVENUE, SUITE 2  
OCALA, FL 34471**

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

000000282732  
03/31/05-80053-025 55.00

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000282732  
03/31/05-80053-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
HESS, BENJAMAN A  
10519 SE HWY 441  
BELLEVIEW, FL 34420**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
HARDY, BRADLEY R  
10519 SE HWY 441  
BELLEVIEW, FL 34420**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-10-05 (352) 266-272