

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90072 010 ****50.00

DOCUMENT # L03000000709

1. Entity Name
LANDSCAPE RESOURCES OF WINTER PARK, LLC



Principal Place of Business
**4962 NORTH PINE AVENUE
WINTER PARK, FL 32792 US**

Mailing Address
**4962 NORTH PINE AVENUE
WINTER PARK, FL 32792 US**

2. Principal Place of Business
111 Atlantic Annex Point

3. Mailing Address
PO Box 940696



06292005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.
Suite 3

City & State
MAITLAND, FL

City & State
MAITLAND, FL

Zip
32751-3369 Country
USA

Zip
32794-0696 Country
USA

4. FEI Number
11-3672671

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERT M. GARDNER, PA
157 E. NEW ENGLAND AVE.
SUITE 370
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name
Charles E. Richardson

Street Address (P.O. Box Number is Not Acceptable)
111 Atlantic Annex Pt.

City
Maitland State
FL Zip Code
32751

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 **Charles E. Richardson / Charles Richardson** DATE **9/10/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
MGRM

NAME
RICHARDSON, CHARLES E

STREET ADDRESS
1907 STONEHURST

CITY-ST-ZIP
WINTER PARK, FL 32789

☐ Delete

TITLE
MGR

NAME
LANPHER, LARRY

STREET ADDRESS
1200 VIA SALERNO

CITY-ST-ZIP
WINTER PARK, FL 32789

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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: **Charles E. Richardson / Charles E. Richardson** DATE **9/10/05** (407) 672-0814

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