
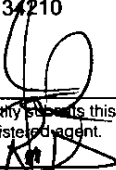
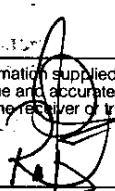


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90224 035 \*\*\*\*50.00

<b>DOCUMENT # L03000002625</b> 1. Entity Name <b>ROBERTO PAGE LAWN SERVICE LLC</b>					
Principal Place of Business <b>308 SPRINGDALE DRIVE BRADENTON, FL 34210</b>			Mailing Address <b>308 SPRINGDALE DRIVE BRADENTON, FL 34210</b>		
2. Principal Place of Business <b>204 Mill Run E.</b>		3. Mailing Address <b>PO Box 20904</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton FL</b>		4. FEI Number <b>51-0443592</b>	
Zip <b>34212</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAGE, ROBERTO 308 SPRINGDALE DRIVE BRADENTON, FL 34210</b>		7. Name and Address of New Registered Agent Name: <b>Page, Roberto</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 Mill Run E.</b> City: <b>Bradenton</b> FL <b>34212</b>			
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:  DATE: <b>March 04-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM Page, Roberto 204</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM Page, Roberto 204 Mill Run E. Bradenton, FL 34212</b>		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<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: 				Date: <b>March 04-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					