
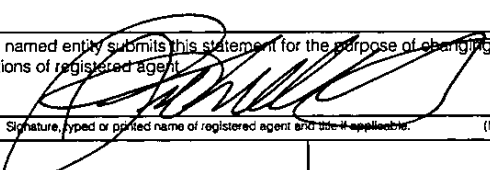
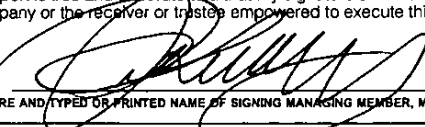


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90106 022 \*\*\*\*50.00

<b>DOCUMENT # L03000003583</b> 1. Entity Name <b>LAWN DOCTOR OF NEW TAMPA L.L.C.</b>					
Principal Place of Business <b>11622 PYRAMID DR. ODESSA, FL 33556</b>			Mailing Address <b>11622 PYRAMID DR. ODESSA, FL 33556</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>14-1870008</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				03192007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>LUCADANO, PETER 9246 VIA SEGOVIA DR. NEW PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1746 Nodding Thistle Drive</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34655</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  <small>Signature, typed or printed name of registered agent and the fee applicable.</small>		Date <b>March 22, 2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCADANO, PETER 9246 VIA SEGOVIA DRIVE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCADANO, PETER 1746 Nodding Thistle Drive New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCADANO, DAVID 10020 LIVING WORD COURT NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCADANO, DAVID 10020 Living Word Court New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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 exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>March 22, 2007 (727) 937-6448</b>		Daytime Phone #	

RECEIVED  
 APR 23 2007  
 SECRETARY OF STATE  
 TALLAHASSEE, FL