


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000004135 1. Entity Name ST. JOHNS IRRIGATION & LANDSCAPING, LLC	
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Principal Place of Business 240 NORTH LAKE CUNNINGHAM AVENUE JACKSONVILLE, FL 32259	Mailing Address 445 SR 13 STE #26, PMB 343 JACKSONVILLE, FL 32259
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0672485	Applied For Not Applicable
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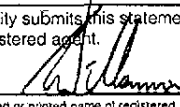
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILKINSON, PETER D
240 NORTH LAKE CUNNINGHAM AVENUE
JACKSONVILLE, FL 32259

**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:  DATE: 10/1/05
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATERSTORM, LLC 240 NORTH LAKE CUNNINGHAM AVENUE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM N.C. BROWN INVESTMENTS, INC. 240 NORTH LAKE CUNNINGHAM AVENUE JACKSONVILLE, FL 32259
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01/18/05-80001-017 55.00

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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:  DATE: 10/1/05 904-334-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE