2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000004135

1. Entity Name

ST. JOHNS IRRIGATION & LANDSCAPING, LLC



Principal Place of Business

1873 EVERLEE ROAD JACKSONVILLE, FL 32216 Mailing Address

445 SR 13 STE #26, PMB 393 JACKSONVILLE, FL 32259 FILED Feb 04, 2008 08:00 AN Secretary of State



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0672485

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, NIGEL C 240 NORTH LAKE CUNNINGHAM AVENUE JACKSONVILLE, FL 32259

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The above named entity submits this statement for the purpose of chithe obligations of registered agent.	anging its registered diffice or registered agent, or both, in tr	e State of Fiorida. I am lamiliar with, and a	ccept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWILL EFF IS \$438.75			

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM N.C. BROWN INVESTMENTS, INC. 445 SR 13, STE #26, PMB 393 JACKSONVÍLLE, FL 32259
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11. i hereby o	certify that the information supplied with this filling does not qualify for the ex

- 000000813040 - 02/12/08-80072-025 138.75

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*11. I hereby certify that the information supplied with this filling 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:

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

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Daytime Phone