

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005347

**FILED**  
**Feb 12, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED LANDSCAPING & LAWNCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

2325 LAKESHORE BLVD.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

3427 INLET LANE  
ORANGE PARK, FL 32065

**Current Mailing Address:**

PO BOX 1207  
ORANGE PARK, FL 32067

**New Mailing Address:**

**FEI Number:** 55-0819508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENBY, GARY  
2325 LAKESHORE BLVD.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

OWENBY, GARY  
3427 INLET LANE  
ORANGE PARK, FL 32065 US

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.

**SIGNATURE:**

02/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OWENBY, GARY  
Address: 2325 LAKESHORE BLVD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM ( ) Delete  
Name: OWENBY, JOY  
Address: PO BOX 1207  
City-St-Zip: ORANGE PARK, FL 32067 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OWENBY, GARY  
Address: 3427 INLET LANE  
City-St-Zip: ORANGE PARK, FL 32065 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** GARY OWENBY

MGRM

02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date