

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90223 032 \*\*\*\*50.00

<b>DOCUMENT # L03000006351</b> 1. Entity Name <b>PICTURESQUE PAVERS, L.L.C.</b>					
Principal Place of Business <b>103A S. KRENTAL AVE. TAMPA, FL 33609</b>			Mailing Address <b>103A S. KRENTAL AVE. TAMPA, FL 33609</b>		
2. Principal Place of Business <b>3635 Henderson Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3635 Henderson Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b> Zip <b>33609</b>		City & State <b>Tampa, FL</b> Zip <b>33609</b>		4. FEI Number <b>14-1869749</b>	
Country <b>USA</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>JOHNSON, LISA M</b> <b>103A S. KRENTAL AVE.</b> <b>TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name <b>Johnson, Lisa M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3635 Henderson Blvd.</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33609</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 <u><i>Lisa Johnson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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	<input type="checkbox"/> Delete <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lisa Johnson, MGRM</b> <b>3635 Henderson Blvd.</b> <b>Tampa, FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Carl L. Johnson, MGRM</b> <b>3635 Henderson Blvd.</b> <b>Tampa, FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
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.					
<b>SIGNATURE:</b> <u><i>Lisa Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2/20/04</b>		Daytime Phone # <b>(813) 874-2747</b>