

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000008320  
 1. Entity Name  
 ALDRICH LANDSCAPE AND DESIGN CONSULTANTS, LLC



Principal Place of Business      Mailing Address  
 P.O. BOX 16171      P.O. BOX 16171  
 TALLAHASSEE, FL 32317-6171 US      TALLAHASSEE, FL 32317-6171 US



01132006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 82-0589768      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent  
 ALDRICH, CONSTANCE D  
 215 SOUTH MONROE STREET  
 SUITE 400  
 TALLAHASSEE, FL 32301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDRICH, MATTHEW T P.O. BOX 16171 TALLAHASSEE, FL 323176171
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U00000425304  
 02/18/06-80091-007 50.00

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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: Matthew T. Aldrich, President      Date: 2/6/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #