

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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

Principal Place of Business P.O. BOX 16171 TALLAHASSEE, FL 32317-6171 US	Mailing Address P.O. BOX 16171 TALLAHASSEE, FL 32317-6171 US
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 82-0589768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALDRICH, CONSTANCE D 215 SOUTH MONROE STREET SUITE 400 TALLAHASSEE, FL 32301
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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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01/30/07-60038-017 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 of trust so empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____

Date: 1/24/2007 Daytime Phone #: (850) 509-0719

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