

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 30 PM 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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*3657 Harpers Ferry Drive
Tallahassee, FL 32308*

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04252008 No Chg-LLC CR2E083 (12/07)

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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ALDRICH, MATTHEW T P.O. BOX 16171 TALLAHASSEE, FL 323176171
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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* *Matthew T. Aldrich* *4/30/2008* *509-0719*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #