

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013634

FILED
Apr 22, 2005
Secretary of State

Entity Name: THE KISSIMMEE LAWN COMPANY LLC

Current Principal Place of Business:

5287 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5287 W IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 55-0826980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOVAN, PATRICK S
4912 MONARCH LANE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

DONOVAN, PATRICK S
6075 TARAWOOD DRIVE
ORLANDO, FL 32819 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:

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DONOVAN, PATRICK S
Address: 4912 MONARCH LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: DONOVAN, PAUL D
Address: 2461 THE OAKS BLVD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DONOVAN, PATRICK S
Address: 6075 TARAWOOD DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Change () Addition
Name: DONOVAN, PAUL D
Address: 6075 TARAWOOD DRIVE
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAUL DONOVAN

MGRM

04/22/2005

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