2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 27, 2005 8:00 am Secretary of State

DOC MENT # L03000015491 1. Entity Name					02-08-2009	ary 0. 5 90078 006		
EMMONS LANDSCAPE, L.L.C.					<i>\</i>			
Principal Plac	e of Business	Mailing Address	Mailing Address					
8647 KELSO DRIVE PALM BEACH GARDENS FL 33418		8647 KELSÖ DRIVE PALM BÉACH GARDENS FL 33418			1	30	0046	41
					i Maramandi			AD III
	tace of Business	3. Mailing Address			Maniman 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1s MOORE	CR2E083	·		
City & State		City & State			4. FEI Number AP-PLIED	FOR	Applied For Not Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired		5.00 Add se Required	
	6. Name and Address of Curren			Name	7. Name and Address of New	Registered Ag	ent	
FREEMAN, DONALD J ESQ.			ļ					
FRE	EMAN, MAYNOR & JONES O CENTREPARK BLVD., SL	S JITE 950		Street Address (P.O. Box Number is Not Acceptable)				
WE	ST PALM BEACH FL 3340			City			Zip Code	
9. The chave	named antity as had the statement	for the surround of the size its	- I	-	and are to the first and	FL Classes		
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								
FILE NOW!!! FEE IS \$50.00								
Mâké Check Payable to Florida Department of State Due By May 1, 2005								
	444514 OH 10 1474 4	[23000000000000000000000000000000000000	dor grade		\$55 \$55 100 min	0.00.000		
9. TITLE	MANAGING MEMB	Delete	10.	· · · · ·	AUDITION	S/CHANGES	Change	Addition
NAME	EMMONS, ROBERT M			l I		•	0.0.00	
STREET ADDRESS	•			ET ADDRESS				
CITY-ST-ZIP				-SI-ZIP				
TITLE NAME		☐ Deleta	TITLE	•			Change	Addition
STREET ADDRESS	1			ET ADORESS				1
CITY-ST-ZIP			CITY	-S1-ZIP				
TITLE		Deleta Deleta	TITLE				Change	☐ Addition
NAME STREET ADDRESS		· .	NAMI	- 1	<u> </u>			
CITY-ST-ZIP				ET ADDRESS -ST-ZIP			•	
TITLE		Delate	HILE				Change	☐ Addition
NAME			NAM	I		'		
STREET ADDRESS				ET ADDRESS				
City-S1-ZIP			-	-ST-ZIP				
TIFLE NAME		☐ Oefeta	HAM	t t		ļ	☐ Change	Addition
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			CITY	-ST-ZP				
TITLE		Deleia	TITLE	I		ĺ	Change	Addition
NAME STREET ADDRESS			NAM					
CITA-21-516			- 1	ET ADDRESS -ST-ZIP				
11. hereby	certify that the information supplied w	ith this filing does not qualify fo	the exe	mption stated in Se	ection 119.07(3)(i), Florida Statute	s. I further certif	y that the in	formation
indicated on this report is true and accurate and that my signature shall have the same legal affect 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 Statules.								
SIGNATURE: Adil Summer AIDIL EMMONS 2-1-05								
SIGNATURE: ALGULU ON HID IL FM HONS 2-1-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOIS CONTROL PROPERTY.								