


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90223 021 ****55.00

DOCUMENT # L03000017651					
1. Entity Name ALL LOT BUSHHOGGING, LLC					
Principal Place of Business 30102 LOBLOLLY PINE DRIVE PUNTA GORDA, FL 33982			Mailing Address 30102 LOBLOLLY PINE DRIVE PUNTA GORDA, FL 33982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0683580	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOORE, JAMES E III 1107 W. MARION AVENUE SUITE112 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name: <u>TANCER, LEANNA OLIVE</u> Street Address (P.O. Box Number is Not Acceptable): <u>30102 LOBLOLLY PINE DRIVE</u> City: <u>PUNTA GORDA</u> FL <u>33982</u>	
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: <u>Leanna Tancer</u> SECRETARY / OFFICE MANAGER <u>LEANNA TANCER</u> <u>3/8/4</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Leanna Tancer</u> <u>Leanna Tancer</u>			Date: <u>3/8/4</u> Daytime Phone # <u>941-639-1402</u>		