

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019290

FILED
Jan 27, 2005
Secretary of State

Entity Name: DAVID SWINGLE LAWN CARE, L.L.C.

Current Principal Place of Business:

1442 MAYBURY DRIVE.
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

PO BOX 1883
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 65-1191113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SWINGLE, DAVID
Address: 1442 MAYBURY DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: MGR () Delete
Name: SWINGLE, JESSICA
Address: 1442 MAYBURY DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JESSICA M. SWINGLE

MGR

01/27/2005

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