

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90023 020 \*\*\*\*50.00

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02072007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000030367</b> 1. Entity Name <b>PLANT IT PERFECT LANDSCAPES LLC</b>					
Principal Place of Business 2909 GREYSTONE DRIVE PACE, FL 32571			Mailing Address 2909 GREYSTONE DRIVE PACE, FL 32571		
2. Principal Place of Business - No P.O. Box # <b>2948 Tunnel Road</b>		3. Mailing Address <b>2948 Tunnel Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Pace, FL</b>		City & State <b>Pace, FL</b>		4. FEI Number <b>90-0102367</b>	
Zip <b>32571</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHANNEMANN, MARY BONNIE</b> <b>2909 GREYSTONE DRIVE</b> <b>PACE, FL 32571</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGR</b>	NAME <b>JOHANNEMANN, MARY BONNIE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>2909 GREYSTONE DRIVE</b>	CITY-ST-ZIP <b>PACE, FL 32571</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>MGR</b>	NAME <b>JOHANNEMANN, JOHN A</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>2909 GREYSTONE DRIVE</b>	CITY-ST-ZIP <b>PACE, FL 32571</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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.					
<b>SIGNATURE:</b> <i>Mary Bonnie Johan</i>			<b>3/25/07 (850) 995-4848</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		