~~2004~~ LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

DOCUMENT # L03000038309

1. Entity Name
CURB-SCAPES, LLC

Principal Place of Business	Mailing Address
18406 KEYSTONE GROVE BLVD. ODESSA, FL 33556	18406 KEYSTONE GROVE BLVD. ODESSA, FL 33556
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 30-0208202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERMAN, JEFFREY L 26552 WHIRLAWAY TERR. WESLEY CHAPEL, FL 33544	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Mgrm ~~Owner~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Dorsey E Peterman	NAME	U00000001E14
STREET ADDRESS	18406 Keystone Grove Blvd	STREET ADDRESS	01/12/04 -90018-002 50.00
CITY-ST-ZIP	ODESSA, FL. 33556	CITY-ST-ZIP	
TITLE	Mgrm ~~Owner~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Jeffrey L. Peterman	NAME	
STREET ADDRESS	26552 Whirlaway Terr.	STREET ADDRESS	
CITY-ST-ZIP	Wesley Chapel, FL. 33544	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Dorsey E Peterman Dorsey E. Peterman 1/06/04 813-355-1753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #