

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000045029  
 1. Entity Name  
 BURGESS CUSTOM IRRIGATION AND LANDSCAPING LLC



Principal Place of Business      Mailing Address  
 5817 ESTHER TERRACE      5817 ESTHER TERRACE  
 CRESTVIEW, FL 32539      CRESTVIEW, FL 32539

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 20-0560941      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BURGESS, PATRICK J  
 5817 ESTHER TERRACE  
 CRESTVIEW, FL 32539

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

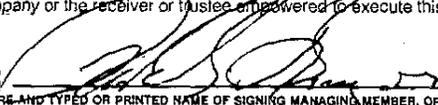
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURGESS, PATRICK J 5817 ESTHER TERRACE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURGESS, PATRICIA 5817 ESTHER TERRACE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000291595  
 04/07/05-80037-020 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE