


**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	
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Principal Place of Business 5817 ESTHER TERRACE CRESTVIEW, FL 32539	Mailing Address 5817 ESTHER TERRACE CRESTVIEW, FL 32539
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0560941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____

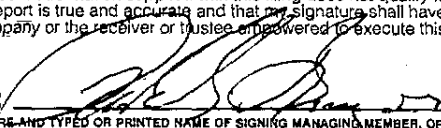
**Filing Fee is \$50.00
Due by May 1, 2005**

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

Date _____ Daytime Phone # _____