


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000045352</b> 1. Entity Name <b>BLACK HAMMOCK LANDSCAPING &amp; NURSERY, LLC</b>	
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Principal Place of Business <b>8316 SANDBERRY BLVD ORLANDO, FL 32819</b>	Mailing Address <b>8316 SANDBERRY BLVD ORLANDO, FL 32819</b>
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**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>20-0438972</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TILFORD, GEORGE III 8316 SANDBERRY BLVD ORLANDO, FL 32819</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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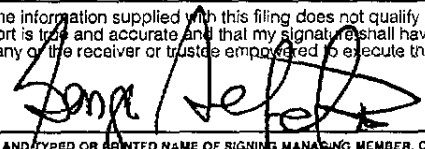
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TILFORD, GEORGE III 8316 SANDBERRY BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ DECORCHO, GERARDO 9213 ROJO COURT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVO PEREZ DECORCHO, SILVESTRE 1638 RIVERREDGE RD. OVIEDO, FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000341353  
04/29/05-80013-004 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)(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: 	Date: <b>April 26, 2005</b>	Daytime Phone #: <b>407-234-7955</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE