

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045352

FILED
Apr 30, 2006
Secretary of State

Entity Name: BLACK HAMMOCK LANDSCAPING & NURSERY, LLC

Current Principal Place of Business:

8316 SANDBERRY BLVD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8316 SANDBERRY BLVD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0438972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILFORD, GEORGE III
8316 SANDBERRY BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: TILFORD, GEORGE III
Address: 8316 SANDBERRY BLVD
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: PEREZ DECORCHO, GERARDO
Address: 9213 ROJO COURT
City-St-Zip: ORLANDO, FL 32817

Title: S () Delete
Name: SILVO PEREZ DECORCHO, SILVESTRE
Address: 1638 RIVEREDGE RD.
City-St-Zip: OVIEDO, FL 32776

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE TILFORD III

PT

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date