


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90344 027 ****50.00

DOCUMENT # L03000045352 1. Entity Name BLACK HAMMOCK LANDSCAPING & NURSERY, LLC	
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Principal Place of Business
**8316 SANDBERRY BLVD
ORLANDO, FL 32819**

Mailing Address
**8316 SANDBERRY BLVD
ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE



04212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0438972

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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, 2007**

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	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

George III Tilford
04/28/2007 407-234-7955

Date

Daytime Phone #