2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Mar 21, 2005 08:00 AM **DOCUMENT # L03000046449 Secretary of State** 1. Entity Name HENDERSHOT LAWN SPRINKLERS, LĹČ Principal Place of Business Mailing Address 1411 SE 11 TERRACE 1411 SE 11 TERRACE CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 03172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1076659 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENDERSHOT, LAUREN KEITH DO NOT WRITE **1411 SE 11 TERRACE** CAPE CORAL, FL 33990 IN THIS SPACE 5. 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 releasing) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HENDERSHOT, LAUREN KEITH NAME STREET ADDRESS **1411 SE 11 TERRACE** CITY-ST-ZIP CAPE CORAL, FL 33990 MLE 03/21/05-RAA72-003 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIFLE IN THIS SPACE MANIF STREET ADDRESS CITY-ST-ZIP TIBE NAME STREET ADDRESS CITY-ST-71P

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

TITLE NAME STREET ADDRESS

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