

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L03000048074

1. Entity Name  
JOSEPH MONTALTO LANDSCAPE ARCHITECT LLC



Principal Place of Business  
10465 STATE ROAD 60  
VERO BEACH FL 32966  
US

Mailing Address  
POST OFFICE BOX 326  
VERO BEACH FL 32961-0326  
US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
05-0591649      Applied For  
Not Applicable

5. Certificate of Status Desired       \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MONTALTO, JOSEPH SR-  
10465 STATE ROAD 60  
VERO BEACH FL 32961

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL      Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME	MGR MONTALTO, JOSEPH SR	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10465 STATE ROAD 60 VERO BEACH FL 32966		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Joseph Montalto*

*Joseph Montalto SR. 3/3/04*

*772-569-5320*

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

**FILED  
Mar 09, 2004 8:00 am  
Secretary of State**

03-09-2004 90292 038 \*\*\*\*50.00



MOORE CR2E083 (11/03)