2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 18, 2005 08:00 AM DOCUMENT # L03000048074 **Secretary of State** 1. Entity Name JOSEPH MONTALTO LANDSCAPE ARCHITECT LLC Principal Place of Business . Mailing Address POST OFFICE BOX 326 10465 STATE ROAD 60 VERO BEACH, FL 32966 US VERO BEACH, FL 32961-0326 US 01072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0591649 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MONTALTO, JOSEPH, SR DO NOT WRITE 10465 STATE ROAD 60 VERO BEACH, FL 32961 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) Filing Fee is \$50.00 Due by May 1, 2005 U00000182096 01/19/05-80014-011-50.00 MANAGING MEMBERS/MANAGERS 9, TITLE MONTALTO, JOSEPH SR 10465 STATE ROAD 60 STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 603, Florida Statutes.

705CDF PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE