2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2005 8:00 am Secretary of State 04-21-2005 90030 028 ****50.00 **DOCUMENT # L03000049618** ARTISTIC LANDSCAPE AND CURB DESIGN, LLC 20039773 Principal Place of Business Mailing Address C/O 2033 MAIN STREET C/O 2033 MAIN STREET SUITE 600 SUITE 600 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0442344 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, TROY H JR 2033 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 600 SARASOTA, FL 34237 -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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGK MGR Delete TITLE Change TITLE ☐ Addition BARTH GORDY 2033 Main St. Stelod NAME MYERS, TROY H JR. STREET ADDRESS 2033 MAIN STREET, STE. 600 STREET ADDRESS CITY-ST-ZIP SARASOTA FL: 34237 CITY - ST - ZIP SARASOTA FL 34237 Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

GORDON BARTH SIGNATURE WIND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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