


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000051485</b>	
Entity Name <b>PARADISE LAWNCARE 2, LLC</b>	

Principal Place of Business <b>7962 LOLA CIRCLE NAVARRE, FL 32566</b>	Mailing Address <b>7962 LOLA CIRCLE NAVARRE, FL 32566</b>
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01072006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>61-1460553</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NEWMAN, BARBARA D 7962 LOLA CIRCLE NAVARRE, FL 32566</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 remaining) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NEWMAN, BARBARA D 7962 LOLA CIRCLE NAVARRE, FL 32566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NEWMAN, THOMAS F III 7962 LOLA CIRCLE NAVARRE, FL 32566</b>
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<p>000000485998 04/13/06-80019-010 \$5.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 605, Florida Statutes.

SIGNATURE: Barbara D. Newman 29 MARCH 2006 (850) 259-4886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**BARBARA D. NEWMAN**