2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# L03000051885

Entity Name: GASKIN IRRIGATION & LANDSCAPE CO., LLC

Current Principal Place of Business:

2311 KILLEARN CENTER BLVD.
#3
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

2311 KILLEARN CENTER BLVD.
#3
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 03-0418627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASKIN, GREGORY K
2311 KILLEARN CENTER BLVD.
#3
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GASKIN, GREGORY K
Address: 2311 KILLEARN CENTER BLVD. #3
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR ( ) Delete
Name: GASKIN, CHRISTINA M
Address: 2311 KILLEARN CENTER BLVD.
City-St-Zip: TALLAHASEE, FL 32309 US

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: GASKIN, CHRISTINA M
Address: 2311 KILLEARN CENTER BLVD. #3
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP (X) Change ( ) Addition
Name: GASKIN, GREGORY K
Address: 2311 KILLEARN CENTER BLVD.
City-St-Zip: TALLAHASEE, FL 32309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINA GASKIN P 02/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date