

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000053048

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** NEW EARTH LANDSCAPING, L.L.C.

**Current Principal Place of Business:**

3708 EAST INDUSTRIAL WAY  
RIVARA BEACH, FL 33404

**New Principal Place of Business:**

3708 EAST INDUSTRIAL WAY  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

3708 EAST INDUSTRIAL WAY  
RIVARA BEACH, FL 33404

**New Mailing Address:**

3708 EAST INDUSTRIAL WAY  
RIVIERA BEACH, FL 33404

**FEI Number:** 90-0238389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANDREWS, MICHAEL  
3708 E INDUSTRIAL WAY  
RIVARA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

ANDREWS, MICHAEL  
3708 E INDUSTRIAL WAY  
RIVIERA BEACH, FL 33404 US

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: MICHAEL ANDREWS

01/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANDREWS, MICHAEL  
Address: 3708 E INDUSTRIAL WAY  
City-St-Zip: RIVARA BEACH, FL 33408

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ANDREWS, MICHAEL  
Address: 3708 E INDUSTRIAL WAY  
City-St-Zip: RIVIERA BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL ANDREWS

PRES

01/18/2007

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