2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Mar 31, 2005 08:00 AM DOCUMENT # L03000054247 **Secretary of State** DIVINE LAWN SERVICE LLC Principal Place of Business Mailing Address 9127 ALISO RIDGE ROAD 9127 ALISO RIDGE ROAD GOTHA, FL 34734 GOTHA, FL 34734 CR2E083 (10/03) 02142005 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THURMAN, MARCUS L DO NOT WRITE 9127 ALISO RIDGE ROAD GOTHA, FL 34734 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 U00000282703 03/31/05-80053-011 50.00 MANAGING MEMBERS/MANAGERS 9. WNP TITLE NAME THURMAN, MARCUS L STREET ADDRESS 9127 ALISO RIDGE RD CITY-ST-ZIP **GOTHA, FL 34734** DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

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STREET ADDRESS CITY-ST-ZIP

Date DZ.14.05 Phonse #