## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: HOUSE TOURS SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED May 02, 2005 08:00 AM Secretary of State

4/28/05 (772) 388-3566

Daytime Phone #

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|--|--|---|--|--|
| DOCUMENT # L03000056474  1. Entity Name TOTAL LANDSCAPING & IRRIGATION SERVICES, LLC |  |   |  | Šecrétary of State   |
| Principal Plac   | e of Business  | Mailing Address   |  | 1  |
| 1749 LAGOC   | IN LANE  | 1749 LAGOON LANE  |  |  |
| SEBASTION,   | FL 32958   | SEBASTIAN, FL 32958   |  |  |
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|  |  |   |  | 03072005No Chg-LLC CR2E083 (10/03)   |
|  | O NOT WRITE  | IN THIS SPA   | CE   | 4. FEI Number Applied For  |
|  |  |   |  | NOT APPLICABLE   Not Applicable  |
|  |  |   |  | PE OO ALUMANIA   |
|  |  | `   |  | 5. Certificate of Status Desired Fee Required  |
|  | 6. Name and Address of Current   | Registered Agent  |  |  |
|  |  |   |  |  |
| HAYNES, DARRYL E   |  |   |  | DO NOT WRITE   |
| 1749 LAGOON LANE   |  |   |  | entra de la companya della companya  |
| SEBASTIAN, FL 32958  |  |   |  | IN THIS SPACE  |
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|  | named entity submits this statement to<br>lons of registered agent,  | r the purpose of changing its regist                                      | erea anice ar register                         | ed agent, or both, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE_   | Signature, typed or photed name of registered agent  | and the if applicable MOVE Region   | ered Agent signature required                  | when reinstaling) DATE   |
|  | algrature, typed or printed mana or registered again   | and the napplicable (NOTE, neglet   | esed Agent signature reduses                   | ) when dissainly)  |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2005  |   |  |  |
| 9.   | MANAĞINĞ MEMBI   | RS/MANAGERS   |  |  |
| TITLE  | MGR  | -   |  | <del></del>  |
| NAME   | HAYNES, DARRYL E   |   |  | · · · · · · · · · · · · · · · · · · ·  |
| STREET ADDRESS   | 1749 LAGOON LANE   | . •   | •  | •  |
| CITY-ST-ZIP  | SEBASTIAN, FL 32958  |   |  | U00n00358558   |
| TITLE  |  |   |  | <u>U00000358558</u><br>  |
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| NAME   |  |   |  |  |
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| CITY-ST-ZIP  |  |   | 1  |  |
|  | certify that the information supplied with   | this filing does not qualify for the a                                    | xemption stated to Se                          | ection (19.07(3)(i). Florida Statutes, I further certify that the information  |
| indicated<br>limited lia   | on this report is true and accurate and<br>bility company or the ecover or truste  | that my signature shall have the sa<br>e empowered to execute this report | me legal effect as if n<br>as required by Chap | action (19.07(3)(7), Florida Statutes. I further certify that the information<br>made under oath; that I am a managing member or manager of the<br>ster 608, Florida Statutes.   |