## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 31, 2005 08:00 AM DOCUMENT # L03000056611 **Secretary of State** 1. Entity Name RAINDANCE LANDSCAPING, LLC Principal Place of Business .\_\_\_ Mailing Address 3824 WEST SHAMROCK STREET 3824 WEST SHAMROCK STREET TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 01132005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-5792594 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUTCHINSON, JOHN M JR. DO NOT WRITE 3824 WEST SHAMROCK STREET TALLAHASSEE, FL 32309 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME HUTCHINSON, JOHN M JR. STREET ADDRESS 3824 WEST SHAMROCK STREET U00000282625 31/05-80051-011 50.00 CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZIP TILLE 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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND P

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP