


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90143 038 \*\*\*\*\*5.00  
03-12-2004 90224 024 \*\*\*\*\*45.00

<b>DOCUMENT # L04000001152</b> 1. Entity Name <b>QUALITY CURB &amp; LAWN CARE LLC</b>					
Principal Place of Business <b>5819 HILARY ST. CRESTVIEW FL 32539</b>			Mailing Address <b>5819 HILARY ST. CRESTVIEW FL 32539</b>		
2. Principal Place of Business <b>1312 GRANDVIEW DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1312 GRANDVIEW DR.</b> Suite, Apt. #, etc.			
City & State <b>CRESTVIEW, FL.</b>		City & State <b>CRESTVIEW, FL.</b>		4. FEI Number <b>20-0529713</b>	
Zip <b>32539</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MC CARTHY, GERD J 5819 HILARY ST. CRESTVIEW FL 32539</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1312 GRANDVIEW DR.</b> City <b>CRESTVIEW</b> FL <b>32539</b>		
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 <u><i>Gerd J. McCarthy</i></u> <span style="float: right;">2-25-04</span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MC CARTHY, BEVERLEY A 5819 HILARY ST. CRESTVIEW FL 32539</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1312 GRANDVIEW DR. CRESTVIEW, FL. 32539</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Beverley A. McCarthy</i></u> <span style="float: right;">2-25-04 850-217-2872</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					