


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90187 001 \*\*\*\*55.00

<b>DOCUMENT # L04000001152</b>	
1. Entity Name <b>QUALITY CURB &amp; LAWN CARE LLC</b>	

Principal Place of Business <b>1312 GRAND VIEW DR. CRESTVIEW, FL 32539</b>	Mailing Address <b>1312 GRAND VIEW DR. CRESTVIEW, FL 32539</b>
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

2. Principal Place of Business <b>6000 WHEELER PL.</b>	3. Mailing Address <b>6000 WHEELER PL.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CRESTVIEW, FL</b>	City & State <b>CRESTVIEW, FL</b>
Zip <b>32539</b>	Zip <b>32539</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0529713</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MC CARTHY, GERD J 1312 GRANDVIEW DR. CRESTVIEW, FL 32539</b>	
----------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent <b>MC CARTHY, GERD J. 6000 WHEELER PL. CRESTVIEW, FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
-----------------------------------------------------	--------------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MC CARTHY, BEVERLEY A 1312 GRAND VIEW DR. CRESTVIEW, FL 32539 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 WHEELER PL. CRESTVIEW FL. 32539</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** GERD J. MC CARTHY **1-12-05 850-217-2872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #