


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 AUG -2 PM 2:40

|                                                  |  |                                                                                   |
|--------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000001435</b>                   |  |  |
| 1. Entity Name<br>PEOPLES LAWN & IRRIGATION, LLC |  |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>8614 TERRELL STREET<br>PANAMA CITY BEACH, FL 32408 | Mailing Address<br>8614 TERRELL STREET<br>PANAMA CITY BEACH, FL 32408 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



08022005 Chg-LLC CR2E083 (10/03)

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

|                                                                              |  |                                                    |             |
|------------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                              |  | 7. Name and Address of New Registered Agent        |             |
| PEOPLES, KENNETH ALLEN<br>8614 TERRELL STREET<br>PANAMA CITY BEACH, FL 32408 |  | Name                                               |             |
|                                                                              |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|                                                                              |  | City                                               | FL Zip Code |

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<br/>Due by September 7, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                                      | 10. ADDITIONS / CHANGES                        |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEOPLES, KENNETH ALLEN<br>8614 TERRELL STREET<br>PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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04/20/05--90029--032 \*\*50.00

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:** *John Howell* *Authorized Representative* 8/2/05 850 258 8601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #