

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90022 020 ****50.00

DOCUMENT # L04000003250 1. Entity Name WARREN'S TURF MAINTENANCE, LLC			
Principal Place of Business 15308 HIGHWAY 77 PANAMA CITY, FL 32409 US		Mailing Address 15308 HIGHWAY 77 PANAMA CITY, FL 32409 US	
2. Principal Place of Business 15308 Highway 77 Suite, Apt. #, etc.		3. Mailing Address 15308 Highway 77 Suite, Apt. #, etc.	
City & State PANAMA City, FLA. Zip 32409		City & State PANAMA City, FLA. Zip 32409	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-0854535		Applied For <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 WARREN, BARRY JOSEPH 15308 HIGHWAY 77 PANAMA CITY, FL 32409		7. Name and Address of New Registered Agent Name N/A 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 BARRY JOSEPH WARREN <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 01-05-05 <small>DATE</small>		Filing Fee is \$50.00 Due by May 1, 2005	
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARREN, BARRY JOSEPH 15308 HIGHWAY 77 PANAMA CITY, FL 32409	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERYL L. WARREN 15308 Highway 77 PANAMA City, FL 32409	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONARD B. WARREN 3937 VOYLES RD. PANAMA CITY, FL 32409	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		
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:		DATE 01-05-05 (850) 265-490	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	