

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003691

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

**Entity Name:** CUSTOM CARE LANDSCAPING AND MAINTENANCE, L.L.C.

**Current Principal Place of Business:**

5917 KOVNER LANE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

2674 S CRANBERRY BLVD  
NORTH PORT, FL 34286

**Current Mailing Address:**

5917 KOVNER LANE  
NORTH PORT, FL 34286

**New Mailing Address:**

PO BOX 7818  
NORTH PORT, FL 34287

**FEI Number:** 02-2702920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAJOR, BRYAN  
5917 KOVNER LANE  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

MAJOR, BRYAN  
2674 S CRANBERRY BLVD  
NORTH PORT, FL 34286 US

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.

SIGNATURE: BRYAN MAJOR

03/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MAJOR, BRYAN  
Address: 2674 S CRANBERRY BLVD  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRYAN MAJOR

MGRM

03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date