2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2008 08:00 AN Secretary of State

| | ANNUAL | Apr 03, 2008 08:0 | | | |
|---|---|---------------------------------------|-----------------------------|---|---|
| DOCUMENT # L0400006208 1. Entity Name | | | | Sec | retary of St |
| PHIL CA | RL'S LANDSCAPING ETC. L | LC | | | |
| Principal Plac | e of Business | Mailing Address | | | • |
| 2927 BROO Lakeland, I | | 2927 BROOK DR. Lakeland, FL 33811 | | | |
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| Г | O NOT WRITE | IN THIS SPACE | CF | | 2E083 (12/07) Applied For |
| DO NOT WINITE IN THIS SIZE | | | <u> </u> | 4. FEI Number 20-0648348 | Not Applicable |
| | | | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| | 6. Name and Address of Current R | egistered Agent | | · · · · · · | - · · · · · · · · · · · · · · · · · · · |
| CARL, PHILIP 2927 BROOK DR. | | | | DO NOT WRIT | ΓE |
| LAKELAND, FL 33811 | | | IN THIS SPACE | | |
| | · | | | | _ |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its register | ed office or register | ed agent, or both, in the State of Florida. I a | am familiar with, and accept |
| SIGNATURE. | Separation broad or control come of prophets again a | d life d applicable | d Breat should be recovered | whon remetating) DAI | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A | | | · | 1000000 | 75 |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | r S | 04/15708-8005 | 35-U12 138.75 |
| 9. | MANAGING MEMBER | S/MANAGERS | Ì | | |
| TITLE ' | MGRM CARL, PHILIP | | | | |
| STREET ADDRESS | 2927 BROOK DR. | | | | |
| CTTY-ST-ZIP | LAKELAND, FL 33811 | | | | |
| TITLE | | | | | |
| NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | l | | |
| TITLE | | · | 1 | | |
| NAME | u . | | | | |
| STREET ADDRESS City-St-Zip | | | | DO NOT WRIT | ΓE |
| TITLE | | | 1 | IN THIS SPAC | :F |
| NAME STREET ADDRESS | | | | 11 11110 01710 | _ |
| CITY-ST-ZIP | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| 0/17-0/2IF | | <u> </u> |] | the a second recovered the contract grown given | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>:: ()</u> | NW | "Carre | |
|-----------|---------------|-----------------|----------------------------|------------------------------|
| SIGNA | TURE AND TYPE | OR PRINTED NAME | OF SIGNING MANAGING MEMBER | OR AUTHORIZED REPRESENTATION |

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CITY-ST-ZIP

3-31-08 (863)670-0824

Daytime Phone #