2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# L04000007423

Entity Name: LUKE'S LAWN & TREE CARE, L.L.C.

Current Principal Place of Business:

2610 WILMETTE AVE.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2610 WILMETTE AVE.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 20-0712745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VEST, LUCIAN P
2610 WILMETTE AVE.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: VEST, LUCIAN V
Address: 2610 WILMETTE AVE.
City-St-Zip: TITUSVILLE, FL 32780

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VEST, LUCIAN V
Address: 2610 WILMETTE AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: MGR ( ) Change (X) Addition
Name: SWENDSEN, DAVIN W
Address: 2610 WILMETTE AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: MGR ( ) Change (X) Addition
Name: BARNES, BRIAN
Address: 2610 WILMETTE AVE.
City-St-Zip: TITUSVILLE, FL 32780

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: LUCIAN P. VEST MGRM 03/31/2005

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