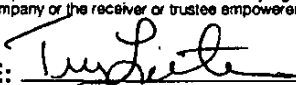


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

07-08-2005 90089 047 ****55.00

DOCUMENT # L04000008935					
1. Entity Name T'S LAWSCAPE "L.L.C."					
Principal Place of Business 108 LONG LEAF PINE CR. SANFORD, FL 32773			Mailing Address P.O. BOX 950190 LAKE MARY, FL 32795		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	05172005 Chg-LLC CR2E083 (10/03) 4. FEI Number 02-0691598 Applied For ☐ Not Applicable ☐ 5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LATOUR, TERRY 108 LONG LEAF PINE CR. SANFORD, FL 32773				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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LATOUR, TERRY		NAME		
STREET ADDRESS	108 LONG LEAF PINE CR.		STREET ADDRESS	134 SABAL PALM COURT	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SARTORI, CONNIE J		NAME		
STREET ADDRESS	108 LONG LEAF PINE CR.		STREET ADDRESS	134 SABAL PALM COURT	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			7-3-05 407-492-9063 Date Daytime Phone #		

30010363

