## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009771			FILED
LARGE ROOTS LANDSCAPING L.L.C.			05 JAN 26 PM 12: 53
Principal Place of Business	Mailing Address	CO WE THE	
1735 YEARLING TR TALLAHASSEE, FL 32317	1735 YEARLING TR TALLAHASSEE, FL 323	317	TALLAHASSEE, FLORIDA
			A LETTER THE EFFECTION OF THE FOREST CONTRACTOR FROM THE PROPERTY OF THE PROPE
2. Principal Place of Business 4280 STARGAZER TRU	- 3. Mailing Address 4280 STAR	GOZER TRL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262005 Chg-LLC CR2E083 (10/03)
TALLAHASSEE FL	City & State TALLAHASS EE	FL	4. FEI Number Applied For Not Applicable
32309 Country LEON	323°9	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of	Current Registered Agent	Name 🗘 A	7. Name and Address of New Registered Agent
PAUL, BRIAN L 1735 YEARLING TRAIL			L. BRIM L. s (P.D. Box Number is Not Acceptable)
TALLAHASSEE, FL 32317		11280	STARCALER TRL
	· ·	City -TA	FI Zip Septaga
8. The above named entity submits this sta	stement for the nurnose of changing its	1 1/2	LLALIASSEE FL Zip Gode 32399  lered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	,	regional and an region	
SIGNATURE Signature, typed or printed name of regis	stered agent and title if applicable. (NOTI	E: Registered Agent signature requi	red when reinstaling) DATE
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State
9. MANAGINO	G MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGRM NAME PAUL, BRIAN	☐ Delete	TITLE MC	Change Addition
STREET ADDRESS 1735 YEARLING TR CITY-ST-ZIP TALLAHASSEE, FL 323		STREET ADDRESS CITY-ST-ZIP	UL, BRIDN SU STARCISZER TRL TALLAHASSEE FL 32309
TITLE NAME .	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ Delete	CITY+ST-ZIP TITLE	☐ Change ☐ Addition
NAME	LJ Delete	NAME	Change Assucci
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	300045551053 01/28/0501009004 **50.00
CITY-ST-ZIP	Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	_ 50000	NAME	_ Stange _ Reduction
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information sup indicated on this report is true and accurate	plied with this filing does not qualify for urate and that/my signature shall have	the exemption stated in the same legal effect as if	Section 119.07(3)(i), Florida Statutes, I further certify that the information made under oath; that I am a managing member or manager of the
limited liability company or the receipt	or trustee encowered to execute this	report as required by Cha	pter 608, Florida Statutes.
SIGNATURE: / / / /	TH K-		1-24-05 591-2158
	EU NAME OF SIGNING MANAGING MEMBER, MAN	AGER, OR AUTHORIZED REPRE	SENTATIVE Date Daytime Phone #