


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90106 026 \*\*\*\*55.00

<b>DOCUMENT # L04000010727</b>			
1. Entity Name ONE SOURCE LANDSCAPE SUPPLY L.L.C.			
Principal Place of Business 5550 NORTH US 1 MELBOURNE, FL 32940		Mailing Address 5550 NORTH US 1 MELBOURNE, FL 32940	
2. Principal Place of Business 5550 N US 1 Suite, Apt. #, etc. Melbourne, FL		3. Mailing Address 5550 N US 1 Suite, Apt. #, etc. Melbourne, FL	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32940	Country Brevard	Zip 32940	Country Brevard
6. Name and Address of Current Registered Agent MCNAMEE, JOHN 4150 ALLAN ADALE RD. MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name John McNamee Street Address (P.O. Box Number is Not Acceptable) 340 Tuscan Way Apt #104 City Melbourne FL Zip Code 32940	
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 Laurie McNamee DATE 8-20-05			
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 NAME STREET ADDRESS CITY ST ZIP	MGRM MCNAMEE, JOHN 4150 ALLAN ADALE RD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM McNamee, John 340 Tuscan Way Apt. 104 Melbourne, FL. 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MCNAMEE, LAURIE 4150 ALLAN ADALE RD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM McNamee, Laurie 340 Tuscan Way Apt 104 Melbourne, FL. 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4. FEI Number 20-0712839 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

SIGNATURE: Laurie McNamee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-20-05 321-255-7900

DATE OF FILING