2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000012318

Entity Name: LANDSCAPE MANAGEMENT & IRRIGATION, LLC

Current Principal Place of Business:

PO BOX 350189
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

7419 ALTAMA RD
JACKSONVILLE, FL 32216 US

Current Mailing Address:

PO BOX 350189
JACKSONVILLE, FL 32225 US

New Mailing Address:

7419 ALTAMA RD
JACKSONVILLE, FL 32216 US

FEI Number: 16-1692176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOWE, MICHAEL T
7419 ALTAMA RD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CALLECOD, MICHAEL T
7419 ALTAMA RD.
JACKSONVILLE, FL 32216 US

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: MICHAEL T CALLECOD 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: STOWE, MICHAEL T
Address: 7419 ALTAMA ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CALLECOD, MICHAEL T
Address: 7419 ALTAMA ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

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: MICHAEL T CALLECOD MGR 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date