



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90099 030 \*\*\*\*55.00

<b>DOCUMENT # L04000014928</b> 1. Entity Name <b>JUST-RITE LANDSCAPE LLC</b>					
Principal Place of Business <b>2433 THOMAS DRIVE</b> <b>PMB 155</b> <b>PANAMA CITY BEACH, FL 32408</b>			Mailing Address <b>2433 THOMAS DRIVE</b> <b>PMB 155</b> <b>PANAMA CITY BEACH, FL 32408</b>		
2. Principal Place of Business <b>11208 Hutchison Blvd</b> Suite, Apt. #, etc. <b>PMB 174</b> City & State <b>Panama City Beach - FL.</b> Zip <b>32407</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc. City & State Zip Country <b>USA</b>		<b>20061705</b> 	
07032005 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>20-2425504</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CRAWFORD, GLEN</b> <b>2433 THOMAS DRIVE</b> <b>PMB 155</b> <b>PANAMA CITY BEACH, FL 32408</b>			7. Name and Address of New Registered Agent Name <b>Glen A Crawford</b> Street Address (P.O. Box Number is Not Acceptable) <b>11208 Hutchison Blvd PMB 174</b> <b>Panama City Bch FL</b> City <b>FL</b> Zip Code <b>32407</b>		
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 <b>Glen A Crawford</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>7-3-05</b>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD, GLEN 2433 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Glen Crawford 11208 Hutchison Blvd Panama City Beach, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Glen A Crawford</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>7-3-05</b> Date		<b>850-258-3356</b> Daytime Phone #