


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90022 036 ****55.00

DOCUMENT # L04000020405

1. Entity Name
ORTIZ LANDSCAPE SUPPLY, LLC



Principal Place of Business
**351 HORSE CLUB AVENUE
 CLEWISTON, FL 33440 US**

Mailing Address
**351 HORSE CLUB AVENUE
 CLEWISTON, FL 33440 US**

2. Principal Place of Business
351 Horseclub Ave
 Suite, Apt. #, etc.

3. Mailing Address
351 Horseclub Ave
 Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston FL

Zip
33440

Country
U.S.A



04212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1766489

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ, RICARDO
 351 HORSE CLUB AVENUE
 CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent

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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ORTIZ, RICARDO	
STREET ADDRESS	351 HORSE CLUB AVENUE	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTIZ, MARIA	
STREET ADDRESS	351 HORSE CLUB AVE	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

4/22/05
Date Daytime Phone #