


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90139 005 \*\*\*\*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**

**20001947**



2. Principal Place of Business  
**406 HORSE CLUB AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**406 HORSE CLUB AVE**  
 Suite, Apt. #, etc.

01162006 Chg-LLC CR2E083 (11/05)

City & State  
**Clewiston FL**

City & State  
**Clewiston FL**

Zip  
**33440**

Country  
**USA**

Zip  
**33440**

Country  
**USA**

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

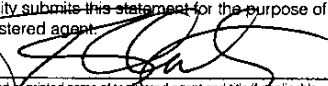
Name  
**ORTIZ, RICARDO**

Street Address (P.O. Box Number is Not Acceptable)  
**406 HORSE CLUB AVENUE**

City  
**Clewiston**

FL Zip Code  
**33440**

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  DATE **1/16/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, RICARDO 406 HORSE CLUB AVENUE CLEWISTON FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MARIA 406 HORSE CLUB AVE CLEWISTON FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **1/16/06** 863-228-4716 Daytime Phone #

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