

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020483

FILED
May 02, 2006
Secretary of State

Entity Name: DANIEL RICHARDSON LANDSCAPE, LLC

Current Principal Place of Business:

4210 SW 20TH LANE
APT. A
GAINESVILLE, FL 32607

New Principal Place of Business:

2701 NW 23RD BLVD
APT H-64
GAINESVILLE, FL 32605

Current Mailing Address:

4210 SW 20TH LANE
APT. A
GAINESVILLE, FL 32607

New Mailing Address:

2701 NW 23RD BLVD
APT H-64
GAINESVILLE, FL 32605

FEI Number: 05-0598980 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, DANIEL
4210 SW 20TH LANE
APT. A
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

RICHARDSON, DANIEL
2701 NW 23RD BLVD
APT H-64
GAINESVILLE, FL 32605 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:

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICHARDSON, DANIEL
Address: 4210 SW 20TH LANE, APT A
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICHARDSON, DANIEL
Address: 2701 NW 23RD BLVD
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DANIEL S. RICHARDSON

OWNE

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date