


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90045 049 ****50.00

DOCUMENT # L04000020571	
1. Entity Name OLDE FT. MYERS LAWN & LANDSCAPE, LLC	

Principal Place of Business 5518 SUNRISE DRIVE FORT MYERS, FL 33919	Mailing Address 5518 SUNRISE DRIVE FORT MYERS, FL 33919
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2. Principal Place of Business 2906 E. 23rd St.	3. Mailing Address 2906 E. 23rd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Alva, FL	City & State Alva, FL
Zip 33920	Country USA



02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0875499		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HICKOX, TODD 5518 SUNRISE DRIVE FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Hickox, Todd Street Address (P.O. Box Number is Not Acceptable) 2906 E. 23rd St. City Alva FL Zip Code 33920

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 **2/15/06**

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HICKOX, TODD 5518 SUNRISE DRIVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Hickox, Todd 2906 E 23rd St. Alva, FL 33920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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:  **2/15/06** **239-827-0530**

SIGNATURE AND TYPED OR PRINTED NAME OF SINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #