2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-14-2005 90183 016 ****50.00
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05 MAY -9 PM 12:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W05/09/05

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DOCUMENT # L04000024465

1. Entity Name
FLOWERS LANDSCAPE COMPANY, LLC

Principal Place of Business	Mailing Address
1607 S. HWY 71 WEWAHITCHKA, FL 32465	1607 S. HWY 71 WEWAHITCHKA, FL 32465

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, JASON P
2475 GARRISON AVENUE
PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent

Name: Jason P. Flowers
Street Address (P.O. Box Number is Not Acceptable): 1607 S. Hwy 71
City: Wewahitchka FL Zip Code: 32465

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: Jason P. Flowers Managing Member DATE: 2/10/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR ☐ Delete
NAME	FLOWERS, JASON P
STREET ADDRESS	1607 S. HWY 71
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: Jason P. Flowers Managing Member 2/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #