

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028066

Entity Name: DIAMOND LAWN CARE LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

5631 RIVERSIDE DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

5631 RIVERSIDE DRIVE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 38-3700911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIELSON, DAVID T
5631 RIVERSIDE DRIVE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

NIELSEN, DAVID T
5631 RIVERSIDE DRIVE
CAPE CORAL, FL 33904 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: DAVID T NIELSEN

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NIELSON, DAVID T
Address: 5631 RIVERSIDE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: NIELSON, MARY ANN
Address: 5631 RIVERSIDE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NIELSEN, DAVID T
Address: 5631 RIVERSIDE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Change () Addition
Name: NIELSEN, MARY ANN
Address: 5631 RIVERSIDE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID T NIELSEN

MGMR

04/26/2005

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