

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90021 017 \*\*\*\*50.00

<b>DOCUMENT # L04000028623</b>					
<b>1. Entity Name</b> OAK LEAF LANDSCAPE, LLC					
<b>Principal Place of Business</b> 3100 SHADY OAK PLACE GROVELAND, FL 34736			<b>Mailing Address</b> 3100 SHADY OAK PLACE GROVELAND, FL 34736		
<b>2. Principal Place of Business</b> 3105 Shady Oak Place Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 665 Suite, Apt. #, etc.			
<b>City &amp; State</b> Groveland, Florida		<b>City &amp; State</b> Groveland, Florida		08182005    Chg-LLC    CR2E083 (10/03)	
<b>Zip</b> 34736		<b>Country</b> Lake		<b>4. FEI Number</b> 20-3325715	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ZOLTAN, TINA 3100 SHADY OAK PLACE GROVELAND, FL 34736			<b>7. Name and Address of New Registered Agent</b> Name: Swann & Hadley P.A. Street Address (P.O. Box Number is Not Acceptable): 1031 W. Morse Blvd Suite 350 City: Winter Park <b>FL</b> Zip Code: 32789		
<b>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.</b>					
<b>SIGNATURE</b>		(NOTE: Registered Agent signature required when reinstating) <b>8-18-05</b>			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM ZOLTAN, TINA 3100 SHADY OAK PLACE GROVELAND, FL 34736		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	3105 Shady Oak Place Groveland, FL 34736	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Managing Member Zoltan, Lloyd 3105 Shady Oak Place Groveland, FL 34746	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Delete <input type="checkbox"/>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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.</b>					
<b>SIGNATURE:</b> <b>8/18/05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					

ATTACHMENT

20067109  
#L04000028623

*Swann & Hadley, P.A.*

*Attorneys and Counselors at Law*

Pervie P. Swann (1895-1984)

L. Pharr Abner  
Sharon B. Abner  
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Winter Park, Florida 32789  
Post Office Box 1961  
Winter Park, Florida 32790  
Telephone (407) 647-2777  
Fax (407) 647-2157

August 18, 2005

**Via Certified U.S. Mail  
Return Receipt Requested**

Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Re: Oak Leaf Landscape, LLC**

Dear Sir or Madam:

Enclosed is the 2005 Limited Liability Annual Report for Oak Leaf Landscape, LLC, together with a check in the amount of \$50.00 for payment of the filing fee.

If you have any questions, please give us a call.

Sincerely,



Karen M. Brown

KMB:rer

Enclosures

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