

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90244 024 ****50.00

DOCUMENT # L04000029612 1. Entity Name CENTRAL ATLANTIC LAWN & LANDSCAPING LLC			
Principal Place of Business 413 OAK PLACE BLDG 4V PORT ORANGE FL 32127 US		Mailing Address 413 OAK PLACE BLDG 4V PORT ORANGE FL 32127 US	
2. Principal Place of Business 6616 Merryvale Lane Suite, Apt. #, etc.		3. Mailing Address 6616 Merryvale Lane Suite, Apt. #, etc.	
City & State Port Orange FL Zip 32128		City & State Port Orange FL Zip 32128	
Country USA		Country USA	
4. FEI Number 52-2441170		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 CUMMINS, JOSEPH P 6616 MERRYVALE LANE PORT ORANGE FL 32128		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when verifying) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME CUMMINS, JOSEPH P STREET ADDRESS 6616 MERRYVALE LANE CITY-ST-ZIP PORT ORANGE FL 32128	<input type="checkbox"/> Delete	TITLE MGRM NAME CUMMINS, LORRAINE C STREET ADDRESS 6616 MERRYVALE LANE CITY-ST-ZIP PORT ORANGE FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME BRYAN, CHAD STREET ADDRESS 413 OAK PLACE 4V CITY-ST-ZIP PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete	TITLE MGRM NAME BRYAN, CHAD STREET ADDRESS 413 OAK PLACE 4V CITY-ST-ZIP PORT ORANGE FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME BRYAN, CHAD STREET ADDRESS 413 OAK PLACE 4V CITY-ST-ZIP PORT ORANGE FL 32127	<input type="checkbox"/> Delete	TITLE MGRM NAME BRYAN, CHAD STREET ADDRESS 413 OAK PLACE 4V CITY-ST-ZIP PORT ORANGE FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joseph Cummins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4/18/05 386-547-0626 <small>Date Daytime Phone #</small>	