## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT ...

## FILED May 25, 2005 8:00 am Secretary of State

DOCUMENT # L04000029715  1. Entity Name YALE'S LAWN MAINTENANCE, L.L.C.							05-02-200	)5 9012	:8 032 **	**50.00
Principal Place of Business 8965 INDIAN FORD ROAD MILTON, FL 32570			Mailing Address 8965 INDIAN FORD ROAD MILTON, FL 32570			30007453				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03292005	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State			4. FEI Numb	<sup>®</sup> 054535	6	STATA	plied For Applicable
Zip	Country		Zip Coun		itry	5. Certificate	of Status Desired		Sign 09 Add	ditional d
	6. Name	and Address of Current I	egistered Agent Name			7. Name and	Address of New R	berstelge	Agent	
YALE, PHI 8965 INDIA MILTON, F	AN FORD	ROAD .	-		Street Address (P.O. Box Number is Not Acceptable)					
WILLOW, TE 02070					Ch					
The above named entity submits this statement for the purpose of changing its reg					City ad office or registr	ared agent or bo	th in the State of Flo	FL rida Lam	Zip Cod	
the obligations of registered agent.										
SIGNATURE										
		is \$50.00 y 1, 2005							payable to nent of State	D
9.		MANAGING MEMBE	RS/MANAGERS 10.			L	ADDITIONS/	CHANGES	<u></u>	
TITLE	MGR Delate			มเน					Change	Addition
NAME STREET ADORESS		ILLIP E IAN FORD ROAD		nalme Street addre						
CITY-ST-ZIP	MILTON,	FL 32570		CITY-ST-ZIP						
TITLE NAME			Deleta	TITLE			-		Change	Addition
STREET ADDRESS			NAM STRE		ET ADORESS					
CITY-ST-ZIP				CITY						
TIFLE NAME			☐ Delete	TITLE			· · · · · ·		☐ Change	Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				_	ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
STREET ADDRESS				4	ET ADDRESS					
CITY-SI-ZIP				CITY.	-ST-72P					
TITLE			Deteta	TITLE					☐ Change	☐ Addition
STREET ADDRESS	Ì				ET ADORESS					
CITY-ST-ZIP				CITY	-ST-29P		·			
NAME			☐. Delete	TITLE	4				Change	☐ Addition
STREET ADDRESS					ET ADORESS					
CITY-ST-ZIP	L				ST-ZIP				<del></del>	
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 mysignature shall have the same legal effect as if made under early, that it am a managing member or manager of the limited liability company or the receiver of justice employee at the execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: The Half										