2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT_# L04000029941 | | | | | | DIVISION OF PAGE | STATE | | |
| GARDEN DESIGN BY MATTHEW GIAMPIETRO LLC | | | | | | 05 SEP 20 AM | ^{ORATI} OHS IO: 28 | | |
| Principal Place of Business Mailing Address | | | | | | | - 20 | | |
| 2817 NE 32ND STREET 2817 NE 32ND STREET | | | | | | | | | |
| APT 107 APT 107 | | | | | 1 | | | | |
| FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 | | | | | | | | | |
| 150 | S UNIVERSITY IR | 3. Mailing Address 1505 UNIVERSITY DK | | | | | | | |
| Suite, Apt, #, etc. | | Suite, Apt. #, etc. | | | | 09152005 Chg-LLC | CR2E083 (10/03) |) | |
| City & State | | City & State | | | | 4. FEI Number | | pplied For | |
| CORAL SPRINGS K | | CORAL SPRINGS A | | FL | | 20-1015 | 952 | lot Applicable | |
| 330 | | 3307/ | | KŽ | | 5. Certificate of Status Desired | 55.00 Ac | | |
| | 6. Name and Address of Current | registered Agent | | Name | | 7. Name and Address of New Ro | egistered Agent | | |
| GIAMPIETRO, MATTHEW J | | | | | | Thew J GIAA | 1PIETRU | | |
| 2817 NE 32ND STREET | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| APT 107 FORT LAUDERDALE, FL 33306 | | | | 241 | | | | | |
| | | | | City | City CORAL SPRINGS FL Zig Code 7-1 | | | | |
| 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 | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE | | | | | | | | | |
| Filing Fee is \$50.00 Due by October 1, 2005 | | | | | | | check payabletto Department of Sta | te | |
| 9. | MANAGING MEMBEI | RS/MANAGERS | 10. | | | ADDITIONS/ | | The second of th | |
| TITLE | MGRM | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME | GIAMPIETRO, MATTHEW J | _ | NAME | | | - insurant De | and Flore | | |
| STREET ADDRESS CITY-ST-ZIP | 2817 NE 32ND STREET, APT 10 | (| | et address •St-Zip | 1500 | UNIVERSILY OR | 22 - 7/ | | |
| | FORT LAUDERDALE, FL 33306 | | - | | <u> </u> | - University DR RAL SPRINGS R | 33071 | | |
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| 11. I hereby certify that the information supplied with this filling 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: Math Gianty is ha 9/15/05 954-536-8497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Priors & D