

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030937**

1. Entity Name  
**LANDSCAPE REWARDS PROPERTY MAINTENANCE LLC**



Principal Place of Business

**2751 SW 86TH WAY  
DAVIE, FL 33328**

Mailing Address

**2751 SW 86TH WAY  
DAVIE, FL 33328**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-1053319**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCGONIGLE, J  
6221 BANYAN TERRACE  
PLANTATION, FL 33317**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000728943  
05/08/07-80021-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEHMANN, PETER C
STREET ADDRESS	2751 SW 86 WAY
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	MGR
NAME	LEHMAN, SHARON
STREET ADDRESS	2751 SW 86 WAY
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**PETER CHARLES LEHMANN** 4/20/07 954-862-5842