

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032451

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** CUSTOM LAWN & IRRIGATION, LLC

**Current Principal Place of Business:**

1105 LONG AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1105 LONG AVENUE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 20-1100231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOD, WILLIAM J  
1105 LONG AVENUE  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGMR ( ) Delete  
Name: WOOD, WILLIAM J  
Address: 1105 LONG AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR ( ) Delete  
Name: ADKINS, JOHN  
Address: 1105 LONG AVENUE  
City-St-Zip: PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: F.W. TAYLOR JR. FOR WILLIAM J. WOOD

MGMR

04/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date