2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

3/14/2005-90593-026-$50.00-$50.00 *
9/1/2005-90052-023-$55.00-$55.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 20 AM 10:27

DOCUMENT # L04000039450

1. Entity Name
WALKES LAWN CARE, LLC

Principal Place of Business	Mailing Address
8209 KENSINGTON SQUARE JACKSONVILLE FL 32217	8209 KENSINGTON SQUARE JACKSONVILLE FL 32217

2nd MOORE CR2E083 (5/05)

2. Principal Place of Business	3. Mailing Address
2655 Whipple Ave Suite, Apt. #, etc.	2655 Whipple Ave Suite, Apt. #, etc.
City & State: Orange Park FL	City & State: Orange Park FL
Zip: 32073 Country:	Zip: 32073 Country:

4. FEI Number: 20-1161165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, JEREMY T 8209 KENSINGTON SQUARE JACKSONVILLE FL 32217	Name: Jeremy T. Walker Street Address (P.O. Box Number is Not Acceptable): 2655 Whipple Avenue City: Orange Park FL Zip Code: 32073

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 signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALKER, JEREMY T 8209 KENSINGTON SQUARE JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Jeremy T. Walker 2655 Whipple Ave Orange Park, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Jeremy T. Walker x 8-29-05 x (904) 4443136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #