2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 15, 2006 08:00 A Secretary of State DOCUMENT # L04000041389 1. Entity Name NATIVE LANDSCAPE, L.L.C. Principal Place of Business Mailing Address **602 LORN COURT 602 LORN COURT ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 83-0397417 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICKS, LEONARD Street Address (P.O. Box Number is Not Acceptable) **602 LORN COURT ORANGE PARK FL 32073** City Zip Code 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) ped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 U00000564596 Make Check Payable to Florida Department of State 05/20/06-80081-009 50.00 Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete TITLE Change Addition NAME NAME NICKS, DEWEY A STREET ADDRESS 602 LORN COURT STREET ADDRESS CITY - ST- ZIP **ORANGE PARK FL 32073** CiTY-ST-7IP ☐ Delete Change ☐ Addition TITLE MGRM NAME NAME NICKS, LEONARD STREET ADDRESS 602 LORN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** THILE . Delete . -Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIBE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FILED

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