


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000042301</b><br>1. Entity Name<br><b>COLORWORKS CUSTOMIZED LANDSCAPE, LLC</b> |  |
|---|---|

Principal Place of Business  
**6507 QUAIL MEADOW ROAD  
PLANT CITY, FL 33565 US**

Mailing Address  
**6507 QUAIL MEADOW ROAD  
PLANT CITY, FL 33565 US**



02202006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>32-0118498</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
|--|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$5.00</b> Additional<br>Fee Required |
|--|

**6. Name and Address of Current Registered Agent**

**STEWART, WENDY A  
6507 QUAIL MEADOW ROAD  
PLANT CITY, FL 33565**

**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 transferring)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>STEWART, WENDY A<br/>6507 QUAIL MEADOW ROAD<br/>PLANT CITY, FL 33565</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>SIMS, MARY J<br/>6507 QUAIL MEADOW ROAD<br/>PLANT CITY, FL 33565</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

11000042301 (30)  
04/11/06-800-48-007 \$5.00

**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 #

*Wendy A. Stewart* **Wendy A. Stewart** 3/9/06 (813) 763066