

# LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -5 AM 9: 50

<b>DOCUMENT# L04000042478</b> 1. Entity Name <b>ACTION I&amp;LCI, LLC</b>	
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Principal Place of Business <b>162 NW RIDGEWOOD AVENUE LAKE CITY, FL 32055</b>	Mailing Address <b>162 NW RIDGEWOOD AVENUE LAKE CITY, FL 32055</b>
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2. Principal Place of Business - No P.O. Box # <b>5860 Old Timiguanan Rd</b>	3. Mailing Address <b>6001-21 Argyle Forest Blvd</b>
Suite, Apt. #, etc. 	Suite, Apt. #, etc. <b>PMB #365</b>

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32210</b>	Zip <b>32244</b>
Country <b>USA</b>	Country <b>USA</b>

12282006	Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>03-0543958</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>UNRAU, LAWTON 162 NW RIDGEWOOD AVENUE LAKE CITY, FL 32055</b>	7. Name and Address of New Registered Agent Name <b>DAVID KAMPMEYER</b> Street Address (P.O. Box Number is Not Acceptable) <b>264 SW ERWIN GLEN</b> City <b>LAKE CITY</b>
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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 David E K David Kampmeyer 1-1-2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>ACTION IRRIGATION AND LANDSCAPING CONTRACT</b> <b>162 NW RIDGEWOOD AVENUE</b> <b>LAKE CITY, FL 32055</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>KAMPMEYER, DAVID</b> <b>264 SW ERWIN GLEN</b> <b>LAKE CITY, FL 32024</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>KAMPMEYER, STEVEN L MR</b> <b>162 NW RIDGEWOOD AVE</b> <b>LAKE CITY, FL 32055</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MBA</b> <b>Josh Cox</b> <b>6001-21 Argyle Forest Blvd #365</b> <b>Jac: Jacksonville FL 32244</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>Kampmeyer, Becky</b> <b>264 SW Erwin Glen</b> <b>LAKE CITY, FL 32024</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>Handy, Casey</b> <b>P.O. Box 203</b> <b>LAKE CITY, FL 32056</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: David E K David Kampmeyer 1-1-2006 (904) 779-2799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #