

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043618

**FILED**  
**May 03, 2006**  
**Secretary of State**

**Entity Name:** BRANNON'S LANSCAPING & NURSERY LLC

**Current Principal Place of Business:**

1328 SPIKES RD  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 14  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BRANNON, JOHN M JR  
1328 SPIKES RD  
SOUTHPORT, FL 32409    US

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/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      BRANNON, JOHN M JR  
Address:                      1328 SPIKES RD  
City-St-Zip:                      SOUTHPORT, FL 32409

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: JOHN M. BRANNON, JR.

MGRM

05/03/2006

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