



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90017 011 ****50.00

DOCUMENT # L04000060586					
1. Entity Name D & B LANDSCAPES, LLC					
Principal Place of Business 36 WEST RAPHAEL STREET DEFUNIAK SPRINGS, FL 32439 US			Mailing Address 36 WEST RAPHAEL STREET DEFUNIAK SPRINGS, FL 32439 US		
2. Principal Place of Business 726B Bob McCoskill Dr. Suite, Apt. #, etc.		3. Mailing Address 726B Bob McCoskill Drive Suite, Apt. #, etc.			
City & State Defuniak Springs, FL		City & State Defuniak Springs, FL		4. FEI Number 41-2148657	
Zip 32433		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, DUSTIN 36 WEST RAPHAEL STREET DEFUNIAK SPRINGS, FL 32439			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 726B Bob McCoskill Drive City Defuniak Springs FL Zip Code 32433		
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 <u>Dustin Taylor</u> <u>Dustin Taylor</u> <u>4/29/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, DUSTIN 36 WEST RAPHAEL STREET DEFUNIAK SPRINGS, FL 32439		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 726B Bob McCoskill Drive Defuniak Springs, FL 32433	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, BEN 629 NELSON ROAD DEFUNIAK SPRINGS, FL 32439		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 629 Nelson Road Defuniak Springs, FL 32433	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dustin Taylor</u> <u>Dustin Taylor</u> <u>4/29/05</u> <u>(830) 649-1436</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					