

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061440

FILED
Apr 29, 2006
Secretary of State

Entity Name: AFFORDABLE LAWN CARE & HOME MAINTENANCE L.L.C.

Current Principal Place of Business:

4223 LOUVINIA DR.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

4223 LOUVINIA DR.
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DILLON, JOHN
4223 LOUVINIA DR.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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: DILLON, JOHN A
Address: 4223 LOUVINIA DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM () Delete
Name: BAILEY, ASHLEY
Address: 1541 PULLEN RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: BAILEY, MICHAEL
Address: 8492 LAKE ATKINSON
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 DILLON

MGRM

04/29/2006

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