


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90191 049 \*\*\*\*50.00

<b>DOCUMENT # L04000063011</b>	
1. Entity Name <b>SAWGRASS LANDSCAPE SERVICES, LLC</b>	

Principal Place of Business <b>2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020</b>	Mailing Address <b>2950 NORTH 28TH TERRACE HOLLYWOOD, FL 33020</b>
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**20009702**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082005 Chg-LLC CR2E083 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>03-0548054</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THE CONTINENTAL GROUP, INC. 2950 NORTH 28TH TERRACE ATTN: ANTHONY KALLICHE HOLLYWOOD, FL 33020	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGR RICHARD STRUNIN</b>
STREET ADDRESS		STREET ADDRESS	<b>2950 N. 28 TERRACE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGR STEVEN CHRISTENSEN</b>
STREET ADDRESS		STREET ADDRESS	<b>2950 N. 28 TERRACE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGR JERRY PALAZZOLO</b>
STREET ADDRESS		STREET ADDRESS	<b>2950 N. 28 TERRACE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **Steven J. Christensen** **2/8/05 (954) 925-8200**  
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #