

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000063855

**1. Entity Name
TIERRA LANDSCAPES LLC**



**Principal Place of Business
30 DESIREE AURORA ST
WINTER GARDEN, FL 34787-2521**

**Mailing Address
30 DESIREE AURORA ST
WINTER GARDEN, FL 34787-2521**



04212006No Cfg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
01-0820521**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BORI, GEORGE L JR
30 DESIREE AURORA ST
WINTER GARDEN, FL 34787-2521**

**DO NOT WRITE
IN THIS SPACE**

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

George L. Jr. Bori
Signature, typed or printed name of registered agent acceptable if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BORI, GEORGE L JR
STREET ADDRESS	30 DESIREE AURORA ST
CITY-ST-ZIP	WINTER GARDEN, FL 347872521
TITLE	MGRM
NAME	BORI, VERONICA M
STREET ADDRESS	30 DESIREE AURORA ST
CITY-ST-ZIP	WINTER GARDEN, FL 347872521
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80066-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #