2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065522

Address:

City-St-Zip:

Entity Name: REW CUSTOM LANDSCAPE, LLC

FILED Feb 24, 2005 Secretary of State

120 INTERNATIONAL PKWY, SUITE 220

HEATHROW, FL 32746

Current Principal Place of Business: New Principal Place of Business: 120 INTERNATIONAL PARKWAY STE. 220 1469 NORTH NEW YORK STREET HEATHROW, FL 32746 SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 120 INTERNATIONAL PARKWAY STE. 220 P.O. BOX 951484 HEATHROW, FL 32746 LAKE MARY, FL 32795 FEI Number: 20-2303705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIPSON, GARY D 390 NORTH ORANGE AVENUE STE. 1500 ORLANDO, FL 32801 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/MEMBERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition WESLEY, RICHARD E Name: Name: Address: Address: 1469 NORTH NEW YORK STREET City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: Title: () Change (X) Addition () Delete Name: Name: CERABINO, JOHN H Address: Address: 1469 NORTH NEW YORK STREET City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: MGR () Change (X) Addition LEWIS, MICHAEL E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL E. LEWIS MGR 02/24/2005