## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # L0400069964  1. Entity Name CAMPBELL LANDSCAPING LLC  Principal Place of Business  Mailing Address					04-21-2005	90028 031 ****5	55.00	
Principal Place	e of Business							
4315 44TH AVE NO SAINT PETERSBURG, FL 33714  4315 44TH AVE NO SAINT PETERSBURG, FL			3371∆		2003	9670		
SAINT PETERSBURG, FL			33714	(   <b>@\$</b>    <b>  P</b>				
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State	<i></i>	4. FEI Numbe	er	I A	pplied For	
<u>St. Pete</u>	rsburg, FC	St Petersbu	Country	<del>-  </del>		. //	ot Applicable	
<u> 3371</u>	4 Pinellas	33714	Pinellas	5. Certificate	of Status Desired	\$5.00 Ad Fee Require		
	~ 6 Name and Address of Current F	Registered Agent	Name	~~7 Name and	Address of New R	egistered Agent	<u> </u>	
CAMPBELL, KEITH E			Stroot Address					
4315 44TH SAINT PE	I AVE NO TERSBURG, FL 33714		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
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			City			FL. Zip Coo	le	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regis	tered agent, or bot	h, in the State of Flo	rida. I am familiar with	and accept	
· ·	Vost Charles	4.6			<b>4</b> /	/18/05		
SIGNATURE .	Signature, typed or printed name of regulared agent at	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)		DATE		
Fi	ling Fee is \$50.00	1			Make	e check payable to		
	ling Fee Is \$50.00 ue by May 1, 2005					e check payable to Department of Stat	е	
		RS/MANAGERS	10.			Department of Stat	е	
9.	MANAGING MEMBER	RS/MANAGERS Delete	TITLE		Florida	Department of Stat	Addition	
9. TITLE NAME	MANAGING MEMBER MGR CAMPBELL, KEITH E		TITLE NAME		Florida	Department of State		
9.	MANAGING MEMBER	☐ Delete	TITLE		Florida	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR CAMPBELL, KEITH E 4315 44TH AVE NO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR CAMPBELL, KEITH E 4315 44TH AVE NO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	CHANGES Change	Addition	
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