

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 20, 2006 08:00 AM**  
**Secretary of State**

|   |         |     |   |   |  |
|---|---------|-----|---|---|--|
| <b>DOCUMENT # L04000072588</b>  |         |     |   |  |  |
| 1. Entity Name<br><b>A.G. LANDSCAPING LLC</b>   |         |     |   |   |  |
| Principal Place of Business<br><b>6204 MORNING DRIVE<br/>PVT HOUSE<br/>PORT ORANGE FL 32127</b> |         |     | Mailing Address<br><b>6204 MORNING DRIVE<br/>PVT HOUSE<br/>PORT ORANGE FL 32127</b> |   |  |
| 2. Principal Place of Business  |         |     | 3. Mailing Address  |   |  |
| Suite, Apt #, etc.  |         |     | Suite, Apt #, etc.  |   |  |
| City & State  |         |     | City & State  |   |  |
| Zip   | Country | Zip | Country   | 4. FEI Number<br><b>20-1738476</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                       |         |     |   | Applied For<br>Not Applicable   |  |



1st MOORE CR2E083 (10/05)

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GIORDANO, ANTHONY J<br/>6204 MORNING DRIVE<br/>PVT HOUSE<br/>PORT ORANGE FL 32127</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |  | (NOTE: Registered Agent signature required when reinstating) |  | DATE _____ |  |
|   |  | <b>FILE NOW!!! FEE IS \$50.00</b>                            |  |            |  |
|   |  | <b>Make Check Payable to Florida Department of State</b>     |  |            |  |
|   |  | <b>Due By May 1, 2006</b>                                    |  |            |  |

| 9. MANAGING MEMBERS / MANAGERS                     |  |                                 | 10. ADDITIONS / CHANGES                            |   |  |
|--|--|---------------------------------|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>GIORDANO, ANTHONY J<br>6204 MORNING DRIVE<br>PORT ORANGE FL 32127 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>U000000393399</b><br><b>01/25/06-80019-015 50.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Anthony Giordano **1/17/06 347-885-0377**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #