2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jan 18, 2006 08:00 AM DOCUMENT # L04000078763 Secretary of State ANNAN LANDSCAPE CO., LLC. Mailing Address Principal Place of Business 991 EXPLORER COVE STE 133 ALTAMONTE SPRINGS FL 32701 991 EXPLORER COVE STE 133 ALTAMONTE SPRINGS FL 32701 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 20-1823134 Not Applicat Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANNAN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 204 ARROWHEAD COURT WINTER SPRINGS FL 32708 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Oelete TITLE Change Arm. TITLE MGRM NAME ANNAN, SCOTT NAME STREET ADDRESS 204 ARROWHEAD COURT STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Deleie TITLE TITLE U00000390156 NAME NAME 01/29/06-80015-011 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addit TITLE\_ ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ A.·· ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Address Delete TITLE TITLE NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Add" Delete TITLE TITLE 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 exemptions contained in Section 119. Fiorida 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 preciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

Scott L. ANNAN

**SIGNATURE** 

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