

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000079005**

**1. Entity Name**  
**IN LAWN, LLC**



**Principal Place of Business**

**9378 SW 185 ST  
MIAMI, FL 33157**

**Mailing Address**

**9378 SW 185 ST  
MIAMI, FL 33157**



01052006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**11-3732540**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**MILLER, KIRSTEN M  
9378 SW 185 ST  
MIAMI, FL 33157**

**DO NOT WRITE  
IN THIS SPACE**

**9. 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retitling)

DATE

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

**10. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>MILLER, KIRSTEN M</b>
<b>STREET ADDRESS</b>	<b>9378 SW 185 ST</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33157</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>MILLER, ROSS</b>
<b>STREET ADDRESS</b>	<b>9378 SW 185 ST</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33157</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>JORGENSEN, GARY</b>
<b>STREET ADDRESS</b>	<b>17500 SW 90 AVE.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33157</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>JORGENSEN, DIERDRA</b>
<b>STREET ADDRESS</b>	<b>17500 SW 90 AVE.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33157</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000541854  
05/10/06-80074-016 \$0.00

**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:**

*Dierdra Jorgensen*

**DIERDRA JORGENSEN**

*4/24/06*

**786 284 396**

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

Date

Daytime Phone #