2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000079853

1. Entity Name
NORTHSIDE MULCH & STONE LLC

Principal Place of Business
1160 EASTPORT RD.
JACKSONVILLE, FL 32218

Mailing Address
1160 EASTPORT RD.
JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

FILED
Mar 13, 2006 08:00 AM
Secretary of State

03012006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
13-4289179	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, ROBIN
96480 CHESTER RD.
YULEE, FL 32097

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WARBURTON, EDWIN
STREET ADDRESS	96480 CHESTER RD.
CITY-ST-ZIP	YULEE, FL 32097
TITLE	MGRM
NAME	HAMILTON, ROBIN
STREET ADDRESS	96480 CHESTER RD.
CITY-ST-ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/23/06-80019-002 50.00

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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.

Ed Warburton

SIGNATURE: _____   3/7/06   904 321-1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #