


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90040 043 ****55.00

DOCUMENT # L04000086320	
1. Entity Name HARRELL - HARRELL TRACTOR AND LANDSCAPING, L.L.C.	

Principal Place of Business 1451 ROSE HILL DRIVE WEST JACKSONVILLE, FL 32221	Mailing Address 1451 ROSE HILL DRIVE WEST JACKSONVILLE, FL 32221
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2. Principal Place of Business	3. Mailing Address 7699 Daylily Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FRISCO, Texas
Zip	Zip 75034
Country	Country USA

20067300



08122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1952384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HOOKEE, ESTELLA 1451 ROSE HILL DRIVE WEST JACKSONVILLE, FL 32221	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRELL, ALEXS D 7699 DAYLILY WAY FRISCO, TX 75034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRELL, DAMEON D 552 BLAIRMORE BLVD. WEST ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKEE, ESTELLA 1451 ROSE HILL DRIVE WEST JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Alexs D. Harrell

8/5/05

214-289-8761