

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090308

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** GULFSTREAM LANDSCAPE MANAGEMENT OF INDIAN RIVER COUNTY, LLC

**Current Principal Place of Business:**

1848 WILBUR AVENUE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2904  
VERO BEACH, FL 329612904 US

**New Mailing Address:**

**FEI Number:** 20-1998274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, CHAD A  
934 11TH PLACE  
SUITE 201  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** KELLY, CHAD A  
**Address:** 934 11TH PLACE, SUITE 201  
**City-St-Zip:** VERO BEACH, FL 32960 US

**Title:** MGR ( ) Delete  
**Name:** SANDERSON, MARTY  
**Address:** 934 11TH PLACE, SUITE 201  
**City-St-Zip:** VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CHAD A KELLY

MGR

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date