


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000090308 1. Entity Name GULFSTREAM LANDSCAPE MANAGEMENT OF INDIAN RIVER COUNTY, LLC	
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Principal Place of Business 1848 WILBUR AVENUE VERO BEACH, FL 32960	Mailing Address PO BOX 2904 VERO BEACH, FL 32961-2904 US
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DO NOT WRITE IN THIS SPACE



03182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1998274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SANDERSON, MARTIN M 3885 20TH STREET SUITE201 VERO BEACH, FL 32960


DO NOT WRITE 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, CHAD A 3885 20TH STREET, SUITE 201 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDERSON, MARTY 3885 20TH STREET, SUITE 201 VERO BEACH, FL 32960
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<p>U000000867273 04/08/08-80062-019 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-19-08 772-862-1854 <small>Date Daytime Phone #</small>