


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90015 049 ****50.00

DOCUMENT # L05000008183 1. Entity Name MASTIN CROPPER LAWN SERVICES LLC			
Principal Place of Business 207 SCOOTER DR PANAMA CITY BEACH, FL 32408 US		Mailing Address 207 SCOOTER DR PANAMA CITY BEACH, FL 32408	
2. Principal Place of Business 221 San Gabriel St Suite, Apt. #, etc.		3. Mailing Address 221 San Gabriel St Suite, Apt. #, etc.	
City & State Panama City Beach Zip 32413 Country Bay		City & State Panama City Beach Zip 32413 Country Bay	
4. FEI Number 20-2561231		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05022006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CROPPER, MASTIN T 207 SCOOTER DR PANAMA CITY BEACH, FL 32408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>[Signature]</u> DATE <u>5/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG CROPPER, MASTIN T 207 SCOOTER DR PANAMA CITY BEACH, FL 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG Cropper, Mastin + 221 San Gabriel St Panama City Beach, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5/8/06</u> Daytime Phone # <u>(850) 774-5261</u>	