


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90052 024 \*\*\*\*50.00

<b>DOCUMENT # L05000009825</b>	
1. Entity Name <b>MARSHALL'S TREE AND LAWN, LLC</b>	

Principal Place of Business <b>1255 MARINA POINT, APT. 307 CASSELBERRY, FL 32707</b>	Mailing Address <b>1255 MARINA POINT, APT. 307 CASSELBERRY, FL 32707</b>
---	---

2. Principal Place of Business <b>1420 AUBURN GREEN LOOP</b>	3. Mailing Address <b>1420 AUBURN GREEN LOOP</b>
Suite, Apt. #, etc. <b>Winter Park, FL 32792</b>	Suite, Apt. #, etc. <b>Winter Park, FL 32792</b>
City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>
Zip <b>32792</b>	Country <b>USA</b>

	
04252006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-2141226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARSHALL, CHRISTOPHER 1255 MARINA POINT, APT. 307 CASSELBERRY, FL 32707</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARSHALL, CHRITOPHER 1255 MARINA POINT, APT. 307 CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARSHALL, CHRISTOPHER 1420 AUBURN GREEN LOOP Winter Park FL 32792</b> <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
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
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 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.

<b>SIGNATURE</b> 	<b>4-28-06</b>	<b>407-4885751</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>