

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012343

FILED  
Jul 27, 2006  
Secretary of State

Entity Name: DREAMSCAPES LANDSCAPE & IRRIGATION LLC

**Current Principal Place of Business:**

163 S.E. BEADIE DR.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

838 SW SR 247  
LAKE CITY, FL 32024 US

**Current Mailing Address:**

163 S.E. BEADIE DR.  
LAKE CITY, FL 32025

**New Mailing Address:**

838 SW SR 247  
LAKE CITY, FL 32024

FEI Number: 20-2287669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MCLEAN, SEAN  
163 S.E. BEADIE DR.  
LAKE CITY, FL 32025 US

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

MCLEAN, SEAN M  
118 SW GUINEVERE WAY  
LAKE CITY, FL 32024 US

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: SEAN MCLEAN

07/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCLEAN, SEAN  
Address: 163 S.E. BEADIE DR.  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCLEAN, SEAN M  
Address: 118 SW GUINEVERE WAY  
City-St-Zip: LAKE CITY, FL 32024

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: SEAN MCLEAN

MGR

07/27/2006

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