2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019330

1. Entity Name

CITY-ST-ZIP

MULCH ASSOCIATES, LLC



Principal Place of Business

Mailing Address

240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236

240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236

FILED Feb 20, 2007 8:00 am Secretary of State

02-20-2007 90368 023 ****50.00

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DO NOT WRITE IN THIS SPACE

02012007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 20-2401103 Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

THE OF PRINTED NAME OF SIGNING

BAND, DAVID S 240 SOUTH PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

 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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAND, DAVID S 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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.