

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90128 040 \*\*\*\*50.00

<b>DOCUMENT # L05000019588</b>					
<b>1. Entity Name</b> THE LANDSCAPE CREATOR LLC.					
<b>Principal Place of Business</b> 2574 S. CONWAY RD. #903 ORLANDO, FL 32812 US			<b>Mailing Address</b> 2574 S. CONWAY RD. #903 ORLANDO, FL 32812 US		
<b>2. Principal Place of Business</b> 2855 S. CONWAY RD.		<b>3. Mailing Address</b> PO BOX 568532			
Suite, Apt. #, etc. # 305		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		<b>4. FEI Number</b> 26-0110709	
Zip 32812		Country U.S.A.		Zip 32856	
Country U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DE LA CERDA, ANDRES 2574 S. CONWAY RD. #903 #903 ORLANDO, FL 32812			<b>7. Name and Address of New Registered Agent</b> Name: ANDRES DE LA CERDA Street Address (P.O. Box Number is Not Acceptable): 2855 S. CONWAY RD. #305 City: ORLANDO FL Zip Code: 32812		
<b>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.</b> SIGNATURE: <u>ANDRES DE LA CERDA</u> DATE: <u>03/06/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA CERDA, ANDRES 2574 S. CONWAY RD. #903 ORLANDO, FL 32812	<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	MGRM CHIRINOS, MONIKE 2574 S. CONWAY RD. #903 ORLANDO, FL 32812	<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 checked="" 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
<b>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: <u>ANDRES DE LA CERDA</u> DATE: <u>03/06/06</u> DAYTIME PHONE: <u>407 766 1281</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					