

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90043 048 ****50.00

4010340



DOCUMENT # L05000021413 1. Entity Name EXCLUSIVE LAWN & LANDSCAPE, LLC					
Principal Place of Business 1263 GOLDEN LAKE ROAD, SUITE 134 FT. MYERS, FL 33905			Mailing Address 1263 GOLDEN LAKE ROAD, SUITE 134 FT. MYERS, FL 33905		
2. Principal Place of Business 155 S. W. 53rd Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address P. O. Box 152269 <small>Suite, Apt. #, etc.</small>		05162006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2425589 Applied For Not Applicable	
City & State Cape Coral, FL 33914 <small>Zip Country</small>		City & State Cape Coral, FL 33915 <small>Zip Country</small>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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		
<small>TITLE</small> MGR <small>NAME</small> LUTTON, BARRY <small>STREET ADDRESS</small> 1263 GOLDEN LAKE ROAD, SUITE 134 <small>CITY-ST-ZIP</small> FT. MYERS, FL 33905 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> 155 S. W. 53rd Street <small>STREET ADDRESS</small> Cape Coral, FL 33914 <small>CITY-ST-ZIP</small> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Barry Lutton 6/20/06		239-823-9756 <small>Daytime Phone #</small>	