

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035277

FILED
Apr 29, 2006
Secretary of State

Entity Name: A CUT ABOVE LAWN SERVICE LLC

Current Principal Place of Business:

143 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 242
BOSTWICK, FL 32007 US

New Mailing Address:

FEI Number: 20-2677266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, MARTIN D
143 PALMETTO BLUFF RD
BOSTWICK, FL 32007 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILKINSON, MARTIN D
Address: 143 PALMETTO BLUFF RD
City-St-Zip: BOSTWICK, FL 32007

Title: MGRM () Delete
Name: WILKINSON, JULIA D
Address: 143 PALMETTO BLUFF RD
City-St-Zip: BOSTWICK, FL 32007

Title: MGRM () Delete
Name: WILKINSON, BRAD A
Address: 120 KELLEY SMITH SCHOOL RD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: WILKINSON, BRAD A
Address: 110 KELLEY SMITH ROAD
City-St-Zip: PALATKA, FL 32177

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: MARTIN D. WILKINSON

MGR

04/29/2006

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