2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# L05000038091

Entity Name: BACKYARD JUNGLE TROPICAL LANDSCAPES, LLC

Current Principal Place of Business:

545 VISTA TRAIL COURT
PALM HARBOR, FL 34683

New Principal Place of Business:

545 VISTA TRAIL COURT
PALM HARBOR, FL 34683 US

Current Mailing Address:

545 VISTA TRAIL COURT
PALM HARBOR, FL 34683

New Mailing Address:

545 VISTA TRAIL COURT
PALM HARBOR, FL 34683 US

FEI Number: 20-2702153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HIATT, SAMUEL D
545 VISTA TRAIL COURT
PALM HARBOR, FL 34683 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: HIATT, SAMUEL D
Address: 545 VISTA TRAIL COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR ( ) Delete
Name: COLE, GABRIEL L
Address: 545 VISTA TRAIL COURT
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: VSDM (X) Change ( ) Addition
Name: HIATT, SAMUEL D
Address: 545 VISTA TRAIL COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: PTDM (X) Change ( ) Addition
Name: COLE, GABRIEL L
Address: 545 VISTA TRAIL COURT
City-St-Zip: PALM HARBOR, FL 34683 US

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: SAMUEL D. HIATT VP 01/12/2006

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