

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038091

FILED
Apr 29, 2009
Secretary of State

Entity Name: BACKYARD JUNGLE TROPICAL LANDSCAPES, LLC

Current Principal Place of Business:

429 LYNDHURST STREET
DUNEDIN, FL 34698 US

New Principal Place of Business:

512 NORFOLK STREET
DUNEDIN, FL 34698 US

Current Mailing Address:

429 LYNDHURST STREET
DUNEDIN, FL 34698 US

New Mailing Address:

512 NORFOLK STREET
DUNEDIN, FL 34698 US

FEI Number: 20-2702153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, GABRIEL L
429 LYNDHURST STREET
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

COLE, GABRIEL L
512 NORFOLK STREET
DUNEDIN, FL 34698 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLE, GABRIEL L
Address: 429 LYNDHURST STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: PSTD () Delete
Name: COLE, GABRIEL L
Address: 429 LYNDHURST STREET
City-St-Zip: DUNEDIN, FL 34698 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLE, GABRIEL L
Address: 512 NORFOLK STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: PSTD (X) Change () Addition
Name: COLE, GABRIEL L
Address: 512 NORFOLK STREET
City-St-Zip: DUNEDIN, FL 34698 US

I hereby certify that the information supplied with this filing does not qualify 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: GABRIEL L COLE

MGMR

04/29/2009

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