


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90029 047 \*\*\*\*50.00

<b>DOCUMENT # L05000041907</b>							
1. Entity Name <b>PADGETT LAWN CARE LLC</b>							
Principal Place of Business 8950 E. HWY. 27 PERRY FL 32347			Mailing Address 8950 E. HWY. 27 PERRY FL 32347				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>76-0790204</b>			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>PADGETT, GLEN</b> 8950 E. HWY. 27 PERRY FL 32347			Name <b>Blue &amp; Byers, PLLC</b>				
			Street Address (P.O. Box Number is Not Acceptable) <b>115 West Bay Street</b>				
			City <b>Perry</b>			FL	Zip Code <b>32347</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.			SIGNATURE <b>Blue &amp; Byers, PLLC by William W. Blue, managing member</b> <i>W. Blue 4/24/06</i> <small>(NOTE: Registered Agent signature required when resigning)</small>	
			<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b></p> <p align="center">Make Check Payable to: Florida Department of State</p> <p align="center">Due By May 1, 2006</p>				
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PADGETT, GLEN 8950 E. HWY. 27 PERRY FL 32347	<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 PADGETT, TIFFANEE 8950 E. HWY. 27 PERRY FL 32347	<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 PADGETT, LOGAN 8950 E. HWY. 27 PERRY FL 32347	<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 PADGETT, DUSTY 8950 E. HWY. 27 PERRY FL 32347	<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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Blue &amp; Byers, PLLC by William W. Blue, as</b>			Resident Agent <i>W. Blue 4/24/06</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>				