

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044662

FILED
Apr 05, 2007
Secretary of State

Entity Name: EVOLVING LANDSCAPES LLC

Current Principal Place of Business:

236 W. MICHIGAN AVE. APT. #3
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

236 W. MICHIGAN AVE. APT. #3
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 20-2788545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, DAVID L
223 S. SALISBURY AVEUNE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

SCHROEDER, DAVID L
236 WEST MICHIGAN AVE. # 3
DELAND, FL 32720 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: DAVID L. SCHROEDER

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHROEDER, DAVID L
Address: 223 S. SALISBURY AVEUNE
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: SCHROEDER, TIFFANY SMITH
Address: 223 S. SALISBURY AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHROEDER, DAVID L
Address: 236 WEST MICHIGAN AVENUE # 1
City-St-Zip: DELAND, FL 32720

Title: MGRM (X) Change () Addition
Name: SCHROEDER, TIFFANY SMITH
Address: 236 WEST MICHIGAN AVE. # 1
City-St-Zip: DELAND, FL 32720

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: TIFFANY SCHROEDER

MGRM

04/05/2007

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