

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

04-24-2006 90040 047 ****50.00
09-11-2006 90092 014 ****50.00

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09012006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000045603 1. Entity Name ULTIMATE LANDSCAPE, LLC			
Principal Place of Business 11471 SAMPLE RD STE 11 CORAL SPRINGS, FL 33065		Mailing Address 11471 SAMPLE RD STE 11 CORAL SPRINGS, FL 33065	
2. Principal Place of Business <i>5598 Mirror Lakes Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>5598 Mirror Lakes Blvd</i> Suite, Apt. #, etc.	
City & State <i>Boynton Beach, FL</i> Zip Country <i>33437</i>		City & State <i>Boynton Beach, FL</i> Zip Country <i>33437</i>	
4. FEI Number <i>20-2576386</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required -		6. Name and Address of Current Registered Agent PASCUZZO, THOMAS 11471 SAMPLE RD STE 11 CORAL SPRINGS, FL 33065	
7. Name and Address of New Registered Agent Name <i>THOMAS PASCUZZO</i> Street Address (P.O. Box Number is Not Acceptable) <i>5598 Mirror Lakes Blvd</i> City <i>Boynton Beach</i> FL Zip Code <i>33437</i>		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 DATE <i>9/5/06</i> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUZZO, THOMAS 11471 SAMPLE RD STE 11 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5598 Mirror Lakes Blvd</i> <i>Boynton Beach, FL 33437</i>
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
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
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 Chapter 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:		Date <i>9/5/06</i> Daytime Phone # <i>561-445-8854</i>	