


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90052 005 \*\*\*538.75

<b>DOCUMENT # L05000045603</b>		
1. Entity Name <b>ULTIMATE LANDSCAPE, LLC</b>		
Principal Place of Business <b>5598 MIRROR LAKES BLVD BOYNTON BEACH, FL 33437</b>		Mailing Address <b>5598 MIRROR LAKES BLVD BOYNTON BEACH, FL 33437</b>
2. Principal Place of Business - No P.O. Box # <b>10693 WILES RD - #214</b>	3. Mailing Address <b>10693 WILES RD</b>	
Suite, Apt. #, etc. <b>S #214</b>	Suite, Apt. #, etc. <b>S #214</b>	
City & State <b>CORAL SPRINGS, FL</b>	City & State <b>CORAL SPRINGS, FL</b>	
Zip <b>33076</b>	Country <b>PALM BEACH</b>	Country <b>PALM BEACH</b>

**50007857**

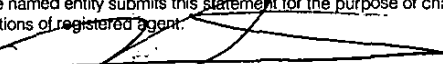


01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2576386</b>	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 <b>PASCUZZO, THOMAS 5598 MIRROR LAKES BLVD BOYNTON BEACH, FL 33437</b>		7. Name and Address of New Registered Agent Name <b>THOMAS PASCUZZO</b> Street Address (P.O. Box Number is Not Acceptable) <b>10693 WILES RD</b> City <b>CORAL SPRINGS</b> FL Zip Code <b>33076</b>	
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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.

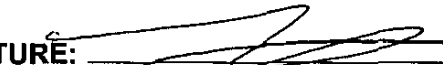
SIGNATURE  DATE **6/30/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUZZO, THOMAS 5598 MIRROR LAKES BLVD BOYNTON BEACH, FL 33437 <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
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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 **6/30/08** 501 445 8854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE