


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90038 019 \*\*\*\*50.00

<b>DOCUMENT # L05000051026</b> 1. Entity Name CHARLES POOLE LANDSCAPING, LLC		
Principal Place of Business 12380 TANSBORO ST SPRING HILL, FL 34608 US		Mailing Address 12380 TANSBORO ST SPRING HILL, FL 34608 US
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip _____ Country _____		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip _____ Country _____
		07232006 Chg-LLC CR2E083 (11/05)
		4. FEI Number 202885160
		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  POOLE, CHARLES C 12380 TANSBORO ST SPRING HILL, FL 34608		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, CHARLES C	NAME
STREET ADDRESS	12380 TANSBORO ST	STREET ADDRESS
CITY-ST-ZIP	SPRING HILL, FL 34608	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
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CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
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: <i>Charles C Poole</i>		Date: 7/24/06 Daytime Phone #: 352-238-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

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