

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90265 026 ****50.00

DOCUMENT # L05000059213					
1. Entity Name COMPLETE LAWN & POOL MAINTENANCE, L.L.C.					
Principal Place of Business 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459			Mailing Address 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address 203 LAS ROBLES GRANDE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SANTA ROSA BEACH, FL		4. FEI Number 20-3008777	
Zip		Country		Applied For Not Applicable	
32459		USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERK, TRACY 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459			Name Street Address (P.O. Box Number is Not Acceptable) 203 LAS ROBLES GRANDE City SANTA ROSA BEACH FL 32459		
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 <i>Tracy Perk</i>			DATE 3.17.06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERK, DENNIS 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERK, TRACY 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERK, TRACY 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERK, TRACY 1780 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
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>Tracy Perk</i>			DATE 3.17.06		Daytime Phone # 850.685.3329
Signature and typed or printed name of signing managing member, manager, or authorized representative					