2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # L05000103397** 04-18-2007 90029 025 ****50.00 PALM LAWN CARE L.L.C. Principal Place of Business Mailing Address 60037976 PO BOX 511147 PO BOX 511147 PUNTA GORDA, FL 33951-1147 PUNTA GORDA, FL 33951-1147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 16-1737661 Not Applicable Zio · · Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTLAKE, GEORGE C Street Address (P.O. Box Number is Not Acceptable) 7306 POWDER PUFF PUNTA GORDA, FL 33955 City 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 Signature, typed or printed neme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition WESTLAKE, GEORGE C NAME NAME PO BOX 511147 STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 339511147 CITY-ST-7IP CITY-ST-ZIP **MGRM** ☐ Delete ☐ Change ☐ Addition TITLE TITLE WESTLAKE, JUSTIN A NAME NAME STREET ADDRESS 4037 CONWAY47 STREET ADDRESS CITY-ST-7IP PORT CHARLOTTE, FL 33952 CITY-ST-7IP MGRM Delete ☐ Change ☐ Addition TITLE TITLE HINDNAN, DREW D NAME NAME 4037 CONWAY STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Change Addition ☐ Delete TITLE Westlake BryAN P 6363 BISCYANCE DE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP F1. 34287 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE 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 accordate 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # L05000103397 1. Entity Name PALM LAWN CARE L.L.C.					ATT		'NT
Principal Place of Business PO BOX 511147 PUNTA GORDA, FL 33951-1147 PUNTA GORDA, FL 33951-1147 PUNTA GORDA, FL 33951-1147					60	ACHME 1037-9 ₇₁	(p
2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282007 Chg-LLC	CR2E083 (12	2/06)
City & State		City & State			16-1737661 Not App		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	Fee R	Additional equired
	6. Name and Address of Current	Registered Agent	Nam	θ	7. Name and Address of New	Registered Agent	
7306 POW	E, GEORGE C DER PUFF		Stree	Street Address (P.O. Box Number is Not Acceptable)			
PUNTA GC	DRDA, FL 33955		City				p Code
			City			FL Zi	p Code
D (ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBI	ERS/MANAGERS	10.		Florid	ike check payabl da Department of	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM WESTLAKE, GEORGE C PO BOX 511147 PUNTA GORDA, FL 339511147	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	ADDITIONS	S/CHANGES	hange
TIILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTLAKE, JUSTIN A 4037 CONWAY47 PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		□ c	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HINDNAN, DREW D 4037 CONWAY PORT CHARLOTTE, FL 33952	™ Celete	TITLE NAME STREET ADURE CITY-ST-ZIP	SS		_	hange 🔲 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	Westlake, Bry AI 6363 BISCYANC A NOrth Port, Fl.	Delete Delete 3 4287	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		c.	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		c	hange Addition
TITLE NAME STREET ADDRESS . CITY+ST-ZIP		☐ Defete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		c	hange
indicated	certify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	d that my signature shall ha	ave the same legal	effect as if n	made under oath; that I am a man ster 608, Florida Statutes.	aging member or m	nanager of the
SIGNAT	URE SIGNATURE AND TYPED OR PRINTED NAME (DF SIGNING MANAGING MEMBER.	, MANAGER, OR AUTHOR	KZED REPRESE	ENTATIVE Date	941-9 Daytime P	16-1765 Trone #