2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106028

Entity Name: ABSOLUTE PERFECTION LANDSCAPES, LLC

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

170 MARINER BLVD 4377 COMMERCIAL WAY # 154 # 211

Current Mailing Address: New Mailing Address:

170 MARINER BLVD 4377 COMMERCIAL WAY

154 # 211 SPRING HILL, FL 34610 # 2RING HILL, FL 34606

FEI Number: 20-3716670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRAM, SHANNON
170 MARINER BLVD
4377 COMMERCIAL WAY
154
211

SPRING HILL, FL 34610 US SPRING HILL, FL 34606 US

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.

SIGNATURE: 04/28/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: STRAM, MICHAEL Name: STRAM, MICHAEL

 Address:
 18533 WINDING OAKS BLVD
 Address:
 4377 COMMERCIAL WAY 211

 City-St-Zip:
 HUDSON, FL 34667
 City-St-Zip:
 SPRING HILL, FL 34606

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: STRAM, SHANNON Name: STRAM, SHANNON

Address: 18533 WINDING OAKS BLVD Address: 4377 COMMERCIAL WAY 211
City-St-Zip: HUDSON, FL 34667 City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANNON STRAM SEC 04/28/2007