

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115095

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** A & A QUALITY LAWNMOWER, LLC

**Current Principal Place of Business:**

8562 TURKEY BLUFF ROAD  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2725 RIVERSIDE LANDING DRIVE  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 20-3882615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CLOUSE, LANCE  
1201 EGLIN PARKWAY  
SHALIMAR, FL 32579      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, BRIAN M  
Address: 2725 RIVERSIDE LANDING DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Delete  
Name: SMITH, KARA L  
Address: 2725 RIVERSIDE LANDING DRIVE  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KARA SMITH

MGRM

07/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date