

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90151 043 ****55.00

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01182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000002657 1. Entity Name SUNCOAST LANDSCAPE BROKERAGE & CONSULTING LLC			
Principal Place of Business 3604 LORRAINE RD. BRADENTON, FL 34211		Mailing Address 3604 LORRAINE RD. BRADENTON, FL 34211	
2. Principal Place of Business - No P.O. Box # 3459 GOWANDA ROAD Suite, Apt. #, etc.		3. Mailing Address 3459 GOWANDA ROAD Suite, Apt. #, etc.	
City & State NORTH PORT, FL		City & State NORTHPORT FL	
Zip 34207		Zip 34207	
Country		Country	
4. FEI Number 204018530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTERS, NATHAN JOHN 2121 WOOD STREET #H-134 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Nathan J. Masters</i></u> DATE <u>1/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASTERS, NATHAN J 2121 WOOD STREET #H-134 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATHAN JOHN MASTERS 3459 GOWANDA ROAD NORTH PORT, FLORIDA 34207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Nathan J. Masters</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/18/07</u> Daytime Phone <u>941/741/2005</u>	