

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021502

FILED
Apr 20, 2007
Secretary of State

Entity Name: LEOPOLDO MARTINEZ LANDSCAPING & CURBINGS LLC

Current Principal Place of Business:

1617 NW 27TH TERR
CAPE CORAL, FL 33993

New Principal Place of Business:

1617 N.W 2TH TERRACE
CAPE CORAL, FL 33993

Current Mailing Address:

1617 NW 27TH TERR
CAPE CORAL, FL 33993

New Mailing Address:

1617 N.W. 2TH TERRACE
CAPE CORAL, FL 33993

FEI Number: 57-1232828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAYA EXPRESS SERVICES, INC.
4152 PALM BEACH BLVD
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: MARTINEZ, LEOPOLDO
Address: 1617 NW 27TH TERR
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR () Delete
Name: MARTINEZ, COSME
Address: 1617 NW 27TH TERR
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTINEZ, LEOPOLDO
Address: 1617 2TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

Title: MGR (X) Change () Addition
Name: MARTINEZ, COSME
Address: 1617 2TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

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: LEOPOLDO MARTINEZ

MGR

04/20/2007

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