## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State

ANNOAL REPORT						Secre	icun y	OI )	Jun
DOCUMENT # L06000025430  1. Entity Name PATRICK'S LAWN CARE, LLC						04-13-200	07 90043 (	023 **	**50.00
Principal Plac	Mailing Address	ng Address				$\alpha$	111:	ί.	
2680 GRAYS		2680 GRAYSON STREET					30007	LTT	,
ORANGE CITY		ORANGE CITY, FL 32763 US			Į				
					LIBERDANI	iir a gira		1686 MD 81	HITIM (IK
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	,.	04092007	Chg-LLC	CR2E083	(12/06)		
City & State		City & State			4. FEI Num	0897788	- <u>-</u> -	<del></del>	oplied For of Applicable
Zip	Country	Zip Coun		ntry		e of Status Desired	□ \$5	.00 Ad	ditional
<u> </u>	6. Name and Address of Curren	t Registered Agent		<u></u>		d Address of New R	— Fe	e Require	
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1201 HAY	ATION SERVICE COMPANY S STREET	Street Address			s (P.O. Box Num	per ls Not Acceptable	)		
TALLAHA:	SSEE, FL 32301								
				City			FL	Zip Cod	le
8. The above	named entity submits this statement	or the purpose of changing it	s register	red office or regist	tared agent, or b	oth, in the State of Flor		iliar with.	and accept
the obligations of registered agent.									
SIGNATURE	Signature, typed or printed name of registered age	t and life if anobospie. (NC	TE: Recisters	ed Agent signature requir	red when reinstation).	·	DATE		
								-	
Filing Fee is \$50.00 Due by May 1, 2007							e check paya Department		6
9.	MANAGING MEME	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
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11. I hereby certify that the Information supplied with this filling 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 procycler or trystee empowered to execute his report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OF PROPED MANE OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE DAYS OF OCCUPANT PROPERTY.									
l	SAMATORE AND TIPED DR PRINTED RAME	JOHN WALKER SPRING READER, M.	ER, OF	· ~ I PORMED REPRES					