2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000043181

Entity Name: ACORN HILLS LANDSCAPE

Current Principal Place of Business:

180 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

180 NW PLEASANT GROVE WAY
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 20-4780391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KROL, TOM C
180 NW PLEASANT GROVE WAY
PORT ST. LUCIE, FL 34986 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: TOM C. KROL 04/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KROL, TOM C
Address: 180 NW PLEASANT GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: MGR ( ) Delete
Name: KROL, JULIE E
Address: 180 NW PLEASANT GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

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: TOM KROL MGR 04/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date