

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-03-2007 002547014 \*\*\*\*\*50.00

**FILED**

2007 JUL 27 A 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000050514</b> 1. Entity Name <b>FLOWER BANDITS LANDSCAPING LLC</b>					
Principal Place of Business <b>148 WEST CONNECTICUT AVE. EDGEWATER, FL 32132 US</b>			Mailing Address <b>148 WEST CONNECTICUT AVE. EDGEWATER, FL 32132 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number      Chg-LLC      CR2E083 (12/06) <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>KATEZ, GEORGE R III 148 W CONNECTICUT AVE EDGEWATER, FL 32132</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:       DATE: <b>5/1/07</b> <small>Signature, typed or printed name of registered agent and firm's applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	
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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 606, Florida Statutes.					
SIGNATURE:			DATE: <b>5/1/07</b> 386428-5164 <small>Daytime Phone #</small>		