

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056220

Entity Name: JP LAWN CARE AND DESIGN LLC

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

9619 JASMINE BROOK CIRCLE
LAND O LAKES, FL 34638

New Principal Place of Business:

3627 BRICKELL COURT
LAND O LAKES, FL 34639

Current Mailing Address:

PO BOX 2356
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 20-4964302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORRETTA, JOSEPH M
9619 JASMINE BROOK CIRCLE
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

PORRETTA, JOSEPH M
3627 BRICKELL COURT
LAND O LAKES, FL 34639 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:

01/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PORRETTA, JOSEPH M
Address: 9619 JASMINE BROOK CIRCLE
City-St-Zip: LAND O LAKES, FL 34638

Title: MGR () Delete
Name: PORRETTA, KRISTEN L
Address: 9619 JASMINE BROOK CIRCLE
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PORRETTA, JOSEPH M
Address: 3627 BRICKELL COURT
City-St-Zip: LAND O LAKES, FL 34639

Title: MGR (X) Change () Addition
Name: PORRETTA, KRISTEN L
Address: 3627 BRICKELL COURT
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH PORRETTA

MGR

01/25/2008

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