


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90349 009 ****50.00

DOCUMENT # L06000058603	
1. Entity Name SAL'S LAWN & LANDSCAPING, LLC	

Principal Place of Business 9897 SANDY RUN JUPITER, FL 33478	Mailing Address 9897 SANDY RUN JUPITER, FL 33478
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2. Principal Place of Business - No P.O. Box # 100 East Exeter St.	3. Mailing Address Same 100 E. Exeter St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Satellite Beach FL	City & State Satellite Beach FL
Zip 32937	Country USA

40098192



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number Not App.	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTONE, SALVATORE P III 9897 SANDY RUN JUPITER, FL 33478

7. Name and Address of New Registered Agent
Name LISA MARTONE
Street Address (P.O. Box Number is Not Acceptable) 100 East Exeter St.
City Satellite Beach FL Zip Code 32937

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 <i>Lisa Martone</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-29-07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$80.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE President	<input checked="" type="checkbox"/> Delete
NAME Salvatore MARTONE	
STREET ADDRESS 100 E. Exeter St.	
CITY-ST-ZIP Satellite Beach FL 32937	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LISA MARTONE	
STREET ADDRESS 100 East Exeter St.	
CITY-ST-ZIP Satellite Beach FL 32937	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 608, Florida Statutes.	
SIGNATURE: <i>Lisa Martone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 4/29/07 Daytime Phone #: 321-775-6045