

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063921

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: EUANA'S LANDSCAPING & NURSERY LLC

**Current Principal Place of Business:**

12425 SW 259 TERRACE  
HOMESTEAD, FL 33032 US

**New Principal Place of Business:**

**Current Mailing Address:**

12425 SW 259 TERRACE  
HOMESTEAD, FL 33032 US

**New Mailing Address:**

FEI Number: 56-2595985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PANEQUE, ANA MRS.  
12425 SW 259 TERRACE  
HOMESTEAD, FL 33032 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PANEQUE, ANA MRS.  
Address: 12425 SW 259 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: MGR ( ) Delete  
Name: PANEQUE, ENRIQUE MR.  
Address: 12425 SW 259 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PANEQUE, ANA MRS.  
Address: 12425 SW 259 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: MGRM (X) Change ( ) Addition  
Name: PANEQUE, ENRIQUE MR.  
Address: 12425 SW 259 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032 US

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: ANA PANEQUE

MGRM

04/19/2007

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