## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: 100 E 100 DE 100 DE

## FILED Feb 28, 2007 8:00 am Secretary of State

DOCUMENT # L06000097119  1. Entity Name ELLIOTT'S STONE WORKS & LAWN CARE, LLC							02-28-2007 9	00151 049 ****50	.00	
Principal Place of Business 109 LONE OAK TRAIL PALATKA, FL 32177			Mailing Address 109 LONE OAK TRAIL PALATKA, FL 32177							
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02192007	Chg-LLC	CR2E083 (12/06)			
City & State			City & State		4. FEI Numb	oer -566127	. ~ ——	plied For t Applicable		
Zip	Country		Zip			5. Certificati	e of Status Desired	S5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
ELLIOTT, 109 LONE						ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
PALATKA,	, FL 32177	7		-						
				City				FL Zip Cod	е	
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 acce										
the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and total applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00							Mak	e check payable to		
D	ue by May	y 1, 2007					Florida	Department of Stat	0	
9.		MANAGING MEM	BERS/MANAGERS	RS/MANAGERS 10.			ADDITIONS/	CHANGES		
TITLE	MGR		☐ Delete					☐ Change	☐ Addition	
NAME STREET ADDRESS	1	CARLEJR OAKTRAIL		NAM* STRE						
CITY-ST-ZIP	1	, FL 32177		спу						
TITLE	☐ Delete			TITL	1	<u>,                                      </u>		☐ Change	☐ Addition	
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CITY-ST-ZIP		CIT								
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NAME				NAM						
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TITLE	<del> -</del>		Delete	TITL				☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY	-ST-ZIP			<del></del>		
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CITY-ST-ZIP				CITY	-ST-ZIP					
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NAME.				NAM						
STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP				•	
44 I barabu	certify that the	e information supplied w	vith this filing does not qualify fo	r the eve	motions contain	ned in Chapter 119	), Florida Statutes. I fu	urther certify that the info	ormation	
11. I hereby certify that the information supplied with this filling 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.										

2-26-07

(386) 546-9189