


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90008 015 ****50.00

| | |
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| DOCUMENT # L06000097289 |  |
| 1. Entity Name TOP CUT LAWN CARE LLC | |

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|---|---|
| Principal Place of Business 3746 SPEAR POINT DR ORLANDO, FL 32837 | Mailing Address 3746 SPEAR POINT DR ORLANDO, FL 32837 |
|---|---|

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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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|--|---------------------------------------|
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| 01092007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-5740368 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|--|--|
| 6. Name and Address of Current Registered Agent LONZE, DONALD E 3746 SPEAR POINT DR ORLANDO, FL 32837 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

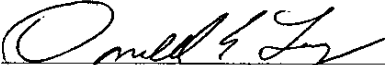
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES LONZE, DONALD E 3746 SPEAR POINT DR ORLANDO, FL 32837 <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 608, Florida Statutes.

| | | |
|---|---------|-----------------|
| SIGNATURE:  | 1-12-07 | 407-438-5327 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |