

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099241

FILED
Feb 01, 2007
Secretary of State

Entity Name: PALM TREE LAWNS AND POOLS, LLC

Current Principal Place of Business:

800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO, FL 32803

New Principal Place of Business:

8615 COMMODITY CIRCLE
SUITE 2
ORLANDO, FL 32819

Current Mailing Address:

800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO, FL 32803

New Mailing Address:

8615 COMMODITY CIRCLE
SUITE 2
ORLANDO, FL 32819

FEI Number: 20-5689127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO, FL 32803 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WILDERSPIN, STEVEN J
Address: 8615 COMMODITY CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Change (X) Addition
Name: MARSHALL, JAMES D
Address: 8615 COMMODITY CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32819

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: STEVEN J. WILDERSPIN, MEMBER

MGRM

02/01/2007

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