


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

08-02-2007 90031 019 ****50.00

DOCUMENT # L06000102973	
1. Entity Name BALDRIDGE'S LAWN & GARDEN CENTER, LLC	

Principal Place of Business 12 S. FOREST AVE. AVON PARK FL 33825	Mailing Address 12 S. FOREST AVE. AVON PARK FL 33825
--	--



2. Principal Place of Business - No P.O. Box # 12 S. Forest Ave	3. Mailing Address 12 S. Forest Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State Avon Park FL	City & State Avon Park FL
Zip 33825	Zip 33825
Country USA	Country USA

4. FEI Number 20-5753303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BALDRIDGE, PRISCILLA J 2848 N. LANCASTER RD. AVON PARK FL 33825	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

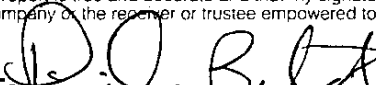
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007</p>	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDRIDGE, JOSEPH 2848 N. LANCASTER RD. AVON PARK FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALDRIDGE, PRISCILLA J 2848 N. LANCASTER RD. AVON PARK FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Priscilla Baldrige** **MGR** **07/15/07** **863-452-2240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE