2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103229

16307 NORWOOD DRIVE

TAMPA, FL 33624 US

Address:

City-St-Zip:

Entity Name: A CARROLLWOOD LAWNCARE, LLC

FILED Mar 05, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--------------------------------|-----------------------------------|---|--|
| 16307 NORWOOD DRIV TAMPA, FL 33624 U | · | | | |
| Current Mailing Addres | ss: | New Mailing Address | s: | |
| 16307 NORWOOD DRIN TAMPA, FL 33624 U | | | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| HAJIGHASSEM, FARRO 16307 NORWOOD DRIV TAMPA, FL 33624 U | /E | | | |
| The above named entity in the State of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Age | | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | | |
| Title: MGRM (Name: HAJIGASSEM. |) Delete FARROKH | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FARROKH HAJIGHASSEM OWNE 03/05/2008