


**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-07-2007 90009 038 ****50.00

DOCUMENT # L060000119202 LLC	
1. Entity Name Best Cut Lawn Care	

DO NOT WRITE IN THIS SPACE

66021364

CR2E083B (8/05)

2. Principal Place of Business 1323 Palm Beach Lake Blvd Suite, Apt. #, etc. West Palm Beach FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33401	Country	Zip	Country

4. FEI Number 71-1019134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Jimmy L. Horne	
Street Address (P.O. Box Number is Not Acceptable) 1323 Palm Beach Lake Blvd	
City West Palm Beach	FL Zip Code 33401

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 **Jimmy L. Horne**
Signature, typed or printed name of registered agent and file if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jimmy L. Horne 1323 Palm Beach Lake Blvd West Palm Beach FL
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Jimmy L. Horne**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #