

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

|                                                                                         |                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L07000042236</b><br>1. Entity Name<br>A PREMIER LANDSCAPE MANAGEMENT, LLC |  |
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| Principal Place of Business<br>13345 GILLESPIE AVE<br>JACKSONVILLE, FL 32218 | Mailing Address<br>13345 GILLESPIE AVE<br>JACKSONVILLE, FL 32218 |
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| 03182008 No Chg-LLC CR2E083 (12/07)                                                |                                          |
| 4. FEI Number<br>30-0415927                                                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$5.00</b> Additional<br>Fee Required |

|                                                                                                                            |
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| 6. Name and Address of Current Registered Agent<br><br>RICAFRENTE, LISA A<br>13345 GILLESPIE AVE<br>JACKSONVILLE, FL 32218 |
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| 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 re-issuing) | DATE |

|                                                                                     |
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| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RICAFRENTE, LISA A<br>13345 GILLESPIE AVE<br>JACKSONVILLE, FL 32218 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |

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| <p>U00000866166<br/>04/08/08-80018-012 138.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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: <i>Lisa A. Ricafrente</i> Lisa A. Ricafrente                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date: 3/18/08 | Daytime Phone: 904-226-1806 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                             |               |                             |