

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050513

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** LANDSCAPER'S PARTNER SERVICES, LLC

**Current Principal Place of Business:**

3595 AIKEN COURT  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3595 AIKEN COURT  
WELLINGTON, FL 33414

**New Mailing Address:**

POST OFFICE BOX 742201  
BOYNTON BEACH, FL 334742201 US

**FEI Number:** 42-1730831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: PORTER, TROY D  
Address: 5157 ARBOR GLEN CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

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: TROY D. PORTER

MGR

04/16/2008

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