

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053145

FILED
Apr 28, 2009
Secretary of State

Entity Name: AB LANDSCAPING PARTNERSHIP, LLC

Current Principal Place of Business:

801 LAUREL OAK DRIVE
708
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

801 LAUREL OAK DRIVE
708
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-0237836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIALONE, ANTHONY M
5084 POST OAK LANE
NAPLES, FL 34105 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: MGRM () Delete
Name: CIALONE, ANTHONY M
Address: 5084 POST OAK LANE
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: FRONTERA, WILLIAM A
Address: 5135 GULF OF MEXICO DR UNIT 101
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: ANTHONY CIALONE

MR

04/28/2009

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