

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90065 018 ***138.75

DOCUMENT # L07000078607	
1. Entity Name CHIP O'HERN LANDSCAPE SERVICES, LLC	

Principal Place of Business 1700 MEETING PLACE APT 116 ORLANDO FL 32814	Mailing Address 1700 MEETING PLACE APT 116 ORLANDO FL 32814
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2. Principal Place of Business - No P.O. Box # 9504 CANNON DR	3. Mailing Address 9504 CANNON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32817	Zip 32817
Country ORANGE	Country ORANGE

4. FEI Number 26-0621664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent O'HERN, CHARLES V 1700 MEETING PLACE APT 116 ORLANDO FL 32814	
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7. Name and Address of New Registered Agent Name CHARLES O'HERN Street Address (P.O. Box Number is Not Acceptable) 9504 CANNON DR City ORLANDO FL Zip Code 32817	
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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's signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'HERN, CHARLES V 1700 MEETING PLACE APT 116 ORLANDO FL 32814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9504 CANNON DR ORLANDO, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Charles O'Hern **CHARLES O'HERN** 4/21/08 321-388-8781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #