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

SECRETARY OF STATE DOCUMENT # L07000083292 TALLAHASSEE, FLORIDA 1. Entity Name HAYES OUTDOOR LAWN CONCEPTS LLC 08 APR 29 AM 9: 39 Principal Place of Business Mailing Address 2813 TOPAZ WAY 2813 TOPAZ WAY TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYES, CURTIS JR. Street Address (P.O. Box Number is Not Acceptable) 2813 TÓPAZ WAY TALLAHASSEE FL 32309 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES MGRM ☐ Delete TITLE Change Addition NAME HAYES, CURTIS JR. NAME STREET ADDRESS 2813 TOPAZ WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 700126713537 04/29/08--01008--008 **143.75 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THILE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Delete TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZiP 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE