2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010438

Entity Name: JSM LANDSCAPE LLC

3463 SE NARRAGANSETT TERRACE

STUART, FL 34997 US

Address:

City-St-Zip:

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3463 S E NARRAGANSETT TERRACE STUART, FL 34997 US **Current Mailing Address: New Mailing Address:** 3463 S E NARRAGANSETT TERRACE STUART, FL 34997 US FEI Number: 26-1880411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, MARJORIE O 6491 SE WILD OLIVE LANE STUART, FL 33497 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SMITH, MARJORIE O Name: Name: Address: 6491 SE WILD OLIVE LANE Address: City-St-Zip: STUART, FL 34997 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MASON, JESSILYN Name: Name: Address: 3463 SE NARRAGANSETT TERRACE Address: City-St-Zip: STUART, FL 34997 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition PINDER, RIDGE L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MRJORIE O SMITH MGRM 03/31/2009