

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027559

FILED
Jan 12, 2009
Secretary of State

Entity Name: HABITAT VEGETATION MANAGEMENT LLC

Current Principal Place of Business:

17 NW 38TH PLACE
CAPE CORAL, FL 33993 US

New Principal Place of Business:

605 COLONIA LANE E
SUITE B
NOKOMIS, FL 34275 US

Current Mailing Address:

PO BOX 1267
NOKOMIS, FL 342741267 US

New Mailing Address:

FEI Number: 26-2187601 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNS, CHRISTINE M
613 BARNES PKWY
NOKOMIS, FL 34275 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: EGAN, LAUREL A
Address: 17 NW 38TH PLACE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: MGRM () Delete
Name: EGAN, ROBERT J
Address: 17 NW 38TH PLACE
City-St-Zip: CAPE CORAL, FL 33993 US

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: CHRISTINE M. JOHNS

CFO

01/12/2009

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