


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra G. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 15 AM 10:07	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #			
PROFESSIONAL LAWN TREATMENT LC P.O. BOX 15714 TAMPA FL 33684		L97000001041			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9126 SUFFIELD COURT TAMPA FL 33615	
City & State		City & State			
Zip	Country	Zip	Country	3. Date Organized or Qualified 09/18/1997	
				3a. State of Formation FL	
				4. FEI Number 59-3464820	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
WILLIAMS, MARGARET 9126 SUFFIELD COURT TAMPA FL 33615				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				300002528503-9 -05/19/98--01024--016 ****100.75 ****100.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WILLIAMS, MARGARET	9126 SUFFIELD CT		TAMPA FL	
MGRM	COLEMAN, PETER	12237 HIDDEN BROOK DR		TAMPA FL	
MGRM	SORTINI, FRANK	3216 SANDSPUR DR		TAMPA FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>Frank Sortini</u> <u>4-16-98</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					