2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100007418

1. Entity Name

MICHAELS NURSERY LLC



FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90101 028 ****50.00

ce of Business OAD 7 ACH FL 33437	Mailing Address 8325 STATE ROAD 7 BOYNTON BEACH FL 33437			20014623			
Place of Business	3. Mailing Address						
#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
te	City & State		4. FEI Nur	mber 65-109451	2		oplied For
Country	Zip	Country	5. Certific	ate of Status Desired		5.00 Add	ditional
6. Name and Address of Curren	t Registered Agent		7. Name e	ind Address of New R	egistered Aç	jent	
TEDEON DAVAD I		Name					
4501 TAMIAMI TRAIL NORTH, STE 300 NAPLES FL 34103		Street A	Street Address (P.O. Box Number is Not Acceptable)				
÷		City			FL	Zip Cod	e
e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered office or	registered agent, or	both, in the State of Flo		Miliar with,	and accept
Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Agent signate	ere required when reinstating)		DATE		<u></u>
	Make Check Payab	le to Florida Dep	artment of State	_			
	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
MGRM LEIDER, M JAMES 855 E APTARISIC RD BUFFALO GROVE IL 60089	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	Addition
MGRM CHURCHILL, WILLIAM C 1233 KINGLET TRACE WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
MGRM BATTAGLINI, MARC 1034 SW 24TH AVENUE BOYNTON BEACH FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(Change	☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition .
·	□ Delete	TITLE NAME STREET ADDRESS			[Change	Addition
1	CACH FL 33437 Place of Business #, etc. #, etc. Country 6. Name and Address of Currenters ERSON, DAVID L 1 TAMIAMI TRAIL NORTH, STE 30 PLES FL 34103 Place of Business MANAGING MEMB MGRM LEIDER, M JAMES 855 E APTARISIC RD BUFFALO GROVE IL 60089 MGRM CHURCHILL, WILLIAM C 1233 KINGLET TRACE WELLINGTON FL 33414 MGRM BATTAGLINI, MARC 1034 SW 24TH AVENUE	OAD 7 ACH FL 33437 BOYNTON BEACH FL 3343 Place of Business #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ERSON, DAVID L 1 TAMIAMI TRAIL NORTH, STE 300 PLES FL 34103 Place of registered agent. Signature, typed or printed name of registered agent and title if applicable. MANAGING MEMBERS / MANAGERS MGRM LEIDER, M JAMES 855 E APTARISIC RD BUFFALO GROVE IL 60089 MGRM CHURCHILL, WILLIAM C 1233 KINGLET TRACE WELLINGTON FL 33414 MGRM BATTAGLINI, MARC 1034 SW 24TH AVENUE BOYNTON BEACH FL 33426	OAD 7 CCH FL 33437 B325 STATE ROAD 7 BOYNTON BEACH FL 33437 Place of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. Country Zip Country Zip Country E. Name and Address of Current Registered Agent RESON, DAVID L 1 TAMIAMI TRAIL NORTH, STE 300 Street Address of Current Registered Agent ERSON, DAVID L 1 TAMIAMI TRAIL NORTH, STE 300 Street Address of Current Registered Agent City e named entity submits this statement for the purpose of changing its registered office or itoms of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algrean. FILE NOW!!! FEE IS \$: Make Check Payable to Florida Dep Due By May 1, 2003 MANAGING MEMBERS / MANAGERS In ITILE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MGRM BATTAGLINI, MARC 1034 SW 24TH AVENUE BOYNTON BEACH FL 33426 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME	B325 STATE ROAD 7 BOYNTON BEACH FL 33437 Place of Business 3. Mailing Address #, etc. 1. Suite, Apt. #, etc. 1. Country 2 ip Country 5. Certific. 1. Tamia and Address of Current Registered Agent 1. Tamiani Trail. NORTH, STE 300 PLES FL 34103 City Street Address (P.O. Box Nun City City	OAD 7 BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33426 Suite, Apt. #, etc.	ACH FL 33437 BOYNTON BEACH FL 33437 Place of Business 3. Mailing Address 4. Fet. Check Here if Making of Country Sup. Country Country Sup. Sup. Country Sup. Su	ABD 7 BOYNTON BEACH FL 33437 Rece of Business 3. Mailing Address 3. Mailing Address

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:

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

561-734-3110