


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90413 021 \*\*\*\*50.00

**DOCUMENT # L02000021210**

1. Entity Name  
**ATLANTIC COAST NURSERIES, L.L.C.**



Principal Place of Business  
**4801 SOUTH UNIVERSITY DRIVE, SUITE 116  
 DAVIE, FL 33328**

Mailing Address  
**4801 SOUTH UNIVERSITY DRIVE, SUITE 116  
 DAVIE, FL 33328**

**34006281**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 661169**  
 Suite, Apt. #, etc.

04082004 Chg-LLC CR2E063 (10/03)

City & State  
**MIAMI SPRINGS FLA.**

4. FEI Number  
**20-1088123**

Applied For  
 Not Applicable

Zip  
**33266**

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PERLSTEIN, ARNOLD ESQ.  
 4801 SOUTH UNIVERSITY DRIVE, SUITE 116  
 DAVIE, FL 33328**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Money check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALWEISS, IRA 4801 SOUTH UNIVERSITY DRIVE, SUITE 116 DAVIE, FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALWEISS, ALAN 4801 SOUTH UNIVERSITY DRIVE, SUITE 116 DAVIE, FL 33328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 140.07(9)(b), 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 the report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**  **IRA ALWEISS** 4-12-04 305-285-0789  
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #