

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048722

Entity Name: ANNIE'S GARDEN, LLC

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

7497 AIRPORT-PULLING RD. N.
SUITE 104
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

7497 AIRPORT-PULLING RD. N.
SUITE 104
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 33-1095417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, MARK C
1613 CHINNABERRY WAY
NAPLES, FL 34105 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: BATES, MARK C
Address: 1613 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: BATES, ANNIE E
Address: 1613 CHINABERRY WAY
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: JORDAT, CARLOS
Address: 2330 SW 21ST STREET
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JORDAT, EDWARD
Address: 5283 HEMINGWAY LANE E, #14
City-St-Zip: NAPLES, FL 34116

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: MARK BATES

MGR

02/02/2009

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