## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 13, 2005 8:00 am

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DOCUMENT # L0400059920  1. Entity Name THE ROOTED & GROUNDED NURSERY, LLC					01-13-2005 90014 005 ****50.00				
Principal Place	e of Business	Mailing Address				٠ <b>٤</b> .	ហហវា T:	n yo.	
1721 JOHNSON STRIPLING ROAD 1721 JOHNSON STRIPL			ING ROAD ,						
PERRY, FL 3		PERRY, FL 32347				. 4		-42	
		1							
2. Principal Place of Business		3. Mailing Address					111.0   011.0   112.11 <b>4</b> 0.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-LLC	CR2E	083 (10/03)	
City & State	e	City & State		i	4. FEI Number 20-		67	<del></del>	pplied For of Applicable
Zip	Country	Zip	Country	/	7	of Status Desired		\$5.00 Add	litional
	6. Name and Address of Current I	Registered Agent	1		7. Name and	Address of New R	egistered	<del> </del>	~
DD A CIA/EI	·			Name					
1721 JOH	L, ROBERT C NSON STRIPLING ROAD	-		Street Address	(P.O. Box Number	r is Not Acceptable	<del>)</del>		
PERRY, F	L 32347					·			
٠.	•			City			FL	Zip Cod	e
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	office or registe	red agent, or both	n, in the State of Flo		- 1	and accept
SIGNATURE.	ions or registered agent.								
ordin trong.	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTI	E: Registered A	gent signature require	cl when reinstation)		DATE		
	•				o martonoming)		CAIL		
Fi	iling Fee.is \$50.00 ue by May 1, 2005						e check p	payable to nent of State	
9.	iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBE		10.			Florida	e check p Departir	ent of State	
D	ue by May 1, 2005						e check p Departir	ent of State	
9	MANAGING MEMBE	RS/MANAGERS	10.			Florida	e check p Departir	ent of State	Addition
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11. I 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 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.

OPAL K.

SIGNATURE:

OPAL K.

SIGNATURE:

OPAL K.

OPAL K.

SIGNATURE: WALK BLAS WELL BRASWELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE