

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016392

Entity Name: GLOBAL NURSERY LLC

FILED  
Jul 03, 2006  
Secretary of State

**Current Principal Place of Business:**

13399 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

15545 40TH STREET NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13399 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414

**New Mailing Address:**

15545 40TH STREET NORTH  
LOXAHATCHEE, FL 33470

FEI Number: 20-2706277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COHN, ALAN B  
2021 TYLER STREET  
HOLLYWOOD, FL 33022      US

**Name and Address of New Registered Agent:**

YZAGUIRRE, ANDRES MGRM  
13399 DOUBLETREE CIRCLE  
WELLINGTON, FL 33414      US

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: ANDRES YZAGUIRRE

07/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: YZAGUIRRE, ANDRES MGRM  
Address: 13399 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 40

Title: MGR ( ) Change (X) Addition  
Name: YZAGUIRRE, SHARRON MGR  
Address: 13399 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 40

Title: MGR ( ) Change (X) Addition  
Name: FRACALOSS, SHERRY B MGR  
Address: 4210 COCONUT BLVD.  
City-St-Zip: W. PALM BEACH, FL 33411

Title: MGRM ( ) Change (X) Addition  
Name: FRACALOSS, RONALD J MGRM  
Address: 4210 COCONUT BLVD  
City-St-Zip: W. PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: R ONALD J. FRACALOSS

MGRM

07/03/2006

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