

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L05000016392

Entity Name: GLOBAL NURSERY LLC

Current Principal Place of Business:

15545 40TH STREET NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

15591 40TH STREET NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

15545 40TH STREET NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

15591 40TH STREET NORTH
LOXAHATCHEE, FL 33470

FEI Number: 20-2706277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FRACALOSSI, RONALD J MGRM
4210 COCONUT BLVD.
WPB, FL 33411 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: JOHN FRACALOSSI

01/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR () Delete
Name: FRACALOSSI, SHERRY B MGR
Address: 4210 COCONUT BLVD.
City-St-Zip: W. PALM BEACH, FL 33411

Title: MGRM () Delete
Name: FRACALOSSI, RONALD J MGRM
Address: 4210 COCONUT BLVD
City-St-Zip: W. PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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

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

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

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

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: JOHN FRACALOSSI

MGRM

01/10/2007

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