

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016392

Entity Name: GLOBAL NURSERY LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

15591 40TH STREET NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

15591 40TH STREET NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-2706277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FRACALOSSI, RONALD J MGRM
4210 COCONUT BLVD.
WPB, FL 33411 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: YZAGUIRRE, ANDRES MGRM
Address: 13399 DOUBLETREE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: YZAGUIRRE, SHARON 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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: RONALD J. FRACALOSSI

MGRM

05/01/2009

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