

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000100502  
 1. Entity Name  
 DELVERDE NURSERY MANAGEMENT LLC



Principal Place of Business  
 13399 DOUBLETREE CIRCLE  
 WELLINGTON, FL 33414

Mailing Address  
 13399 DOUBLETREE CIRCLE  
 WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**



03052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5898626	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B  
 100 WEST CYPRESS CREEK ROAD, SUITE 700  
 FT. LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 3/21/2008

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when constituting)

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U60000875574  
 04/11/08-80039-001 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YZAGUIRRE, ANDRES 13399 DOUBLETREE CIRCLE WELLINGTON, FL 33414
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE *[Signature]* 3/21/2008-JL1351-8074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Doc# Daytime Phone #