

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107043

FILED
Apr 30, 2009
Secretary of State

Entity Name: GREENTREE NURSERY OF NORTH EAST FLORIDA LLC

Current Principal Place of Business:

12061 NEW BERLIN ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

12061 NEW BERLIN ROAD
JACKSONVILLE, FL 32226

New Mailing Address:

P.O. BOX 351358
JACKSONVILLE, FL 32235

FEI Number: 26-1793846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGER, CONNIE
12061 NEW BERLIN ROAD
JACKSONVILLE, FL 32226 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: BOGER, CONNIE
Address: 12061 NEW BERLIN ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGRM () Delete
Name: ITANI, FATMEH
Address: 12061 NEW BERLIN ROAD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES:

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: CONNIE BOGER

MGMR

04/30/2009

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