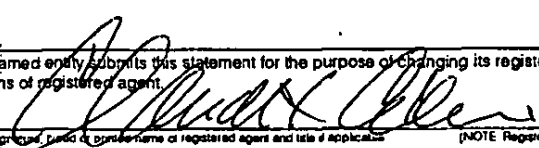


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-07-2005 90286 006 ****50.00

DOCUMENT # L95000000422 1. Entity Name THE WILLOWS NURSERY, L.C.			
Principal Place of Business 6149 GEORGE RD PUNTA GORDA FL 33982		Mailing Address 5680 SABAL PALM LANE PUNTA GORDA FL 33982	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 511273 Suite, Apt. #, etc.	
City & State Punta Gorda, FL		4. FEI Number 65-0596810 ☐ Applied For ☒ Not Applicable	
Zip 33951-1273 Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLIER, CLAUDE "JIM" H 5680 SABAL PALM LANE PUNTA GORDA FL 33982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6149 George Rd Punta Gorda FL 33982	
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  DATE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLIER, CLAUDE "JIM" 5680 SABAL PALM LANE PUNTA GORDA FL 33982 <i>President</i> ☐ Delete <i>MANAGING MEMBER</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6149 George Rd Punta Gorda, FL 33982 MAIL: P.O. Box 511273 P.G. 33951-1273 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM COLLIER, KAREN M 5680 SABAL PALM LANE PUNTA GORDA FL 33982 <i>V.P. Member</i> ☐ Delete <i>FINANCE</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6149 George Rd Punta Gorda, FL 33982 MAIL: P.O. Box 511273 P.G. 33951-1273 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1/29/05 Daytime Phone # 941-815-8325	

30001525



1st MOORE CR2E083 (10/04)