2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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1st MOORE CR2E083 (10/04)

DOCUMENT # L95000000422

1. Entity Name

THE WILLOWS NURSERY, L.C.

Principal Place of Business	Mailing Address
6149 GEORGE RD PUNTA GORDA FL 33982	~~5680 SABAL PALM LANE PUNTA GORDA FL 33982~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 511273 Suite, Apt. #, etc.
City & State	City & State: Punta Gorda, FL
Zip / Country	Zip: 33951-1273 Country: U.S.A

4. FEI Number: 65-0596810 — Applied For / Not Applicable

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

City: Punta Gorda FL Zip Code: 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete President Managing Member	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6149 George RD Punta Gorda, FL 33982 Mail: P.O. Box 511273 P.G. 33951-1273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLLIER, KAREN M 5680 SABAL PALM LANE PUNTA GORDA FL 33982	☐ Delete VP Member Finance	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6149 George RD Punta Gorda, FL 33982 Mail: P.O. Box 511273 PG. 33951-1273
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
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)(i), 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: ____________________ 1/29/05 941-815-8325

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