## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000422

Entity Name: THE WILLOWS NURSERY, L.C.

FILED Feb 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6149 GEORGE RD 6167 GEORGE RD

PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982

Current Mailing Address: New Mailing Address:

P.O. BOX 511273

PUNTA GORDA, FL 339511273 US

FEI Number: 65-0596810 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLIER, CLAUDE H
6149 GEORGE ROAD

COLLIER, CLAUDE H
6167 GEORGE ROAD

PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33982 US

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: 02/13/2007

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: PG () Delete Title: PG (X) Change () Addition

Name:COLLIER, CLAUDEName:COLLIER, CLAUDE HAddress:6149 GEORGE ROADAddress:6167 GEORGE ROADCity-St-Zip:PUNTA GORDA, FL 33982City-St-Zip:PUNTA GORDA, FL 33982

Title: GV ( ) Delete Title: GV (X) Change ( ) Addition

Name:COLLIER, KAREN MName:COLLIER, KAREN MAddress:6149 GEORGE ROADAddress:6167 GEORGE ROADCity-St-Zip:PUNTA GORDA, FL 33982City-St-Zip:PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDE H. COLLIER PRES 02/13/2007