
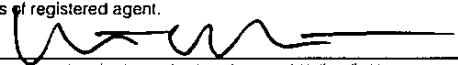
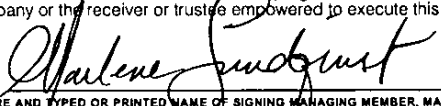


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90345 021 ****50.00

DOCUMENT # L06000082700					
1. Entity Name SEEDLINGS TRADEMARK LLC					
Principal Place of Business 4110 WEST HORATIO STREET TAMPA, FL 33609			Mailing Address 4110 WEST HORATIO STREET TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address KOEHLER & COMPANY Suite, Apt. #, etc. 401 N. HOWARD AVE. City & State TAMPA FL Zip 33606 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Zip	
6. Name and Address of Current Registered Agent ANGELICI, LINA ESQ. WILLIAMS SCHIFINO MANGIONE & STEADY P.A. ONE TAMPA CITY CENTER, STE. 2600 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Koehler & Company, P.A. 401 North Howard Avenue Tampa, FL 33606 City Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.					
SIGNATURE 			DATE 4/30/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			DATE 4/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

40051000



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5587412 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Name KEITH W. KOEHLER

Street Koehler & Company, P.A.

401 North Howard Avenue

Tampa, FL 33606

Zip Code

Signature with, and accept

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

MOR
MARLENE SUNDQUIST
4110 W. HORATIO ST.
TAMPA FL 33606

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #