
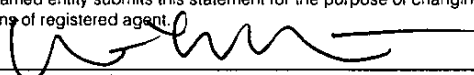
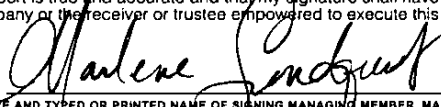


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90348 010 \*\*\*\*50.00

<b>DOCUMENT # L06000082703</b> 1. Entity Name <b>SEEDLINGS MANUFACTURING LLC</b>			
Principal Place of Business <b>4110 WEST HORATIO STREET TAMPA, FL 33609</b>		Mailing Address <b>4110 WEST HORATIO STREET TAMPA, FL 33609</b>	
2. Principal Place of Business - No P.O. Box <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">           Suite, Apt. #, etc.             City &amp; State             Zip      Country         </div> <div style="width: 50%; text-align: center;"> <b>Koehler &amp; Company, P.A. 401 North Howard Avenue Tampa, FL 33606</b> </div> <div style="width: 25%; text-align: right;">           04302007    Chg-LLC    CR2E083 (12/06)         </div> </div>			
4. FEI Number <b>20-5587409</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>ANGELICI, LINA ESQ. WILLIAMS SCHIFINO MANGIONE &amp; STEADY P.A. ONE TAMPA CITY CENTER, STE. 2600 TAMPA, FL 33602</b>	
7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Name <b>KEITH W. KOEHLER</b>            Street Address <b>Koehler &amp; Company, P.A. 401 North Howard Avenue Tampa, FL 33606</b>            City         </div> <div style="width: 50%;">           Code             Date         </div> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE  </div> <div style="width: 20%; text-align: center;"> <b>4/30/07</b> </div> <div style="width: 40%; text-align: right;">           DATE         </div> </div>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR MARLENE SUNDQUIST 4110 W. HORATIO ST. TAMPA FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
<b>SIGNATURE:</b> 		<b>4/30/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #	