2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2007
Secretary of State

DOCUMENT# 273715

Entity Name: ARVIDA NURSERIES CORP OF KENDALL

Current Principal Place of Business:

PO BOX 693
LONG KEY, FL 32001

New Principal Place of Business:

65700 OVERSEAS HWY.
UNIT F6
LONG KEY, FL 33001

Current Mailing Address:

PO BOX 693
P. O. BOX 1508
LONG KEY, FL 32001

New Mailing Address:

PO BOX 693
65700 OVERSEAS HWY. UNIT F6
LONG KEY, FL 33001

FEI Number: 59-1024261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLYLER, BOB J.
10305 SW 68TH ST, MIAMI 33173 (RES.)
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

PLYLER, BOB J.
65700 OVERSEAS HWY.
UNIT F6
LONG KEY, FL 33001 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: 08/26/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CST ( ) Delete
Name: CASANAVE, FRANCES W.,
Address: 9335 BALADA ST.
City-St-Zip: CORAL GABLES, FL

Title: PD ( ) Delete
Name: PLYLER, BOB J,
Address: 10305 S.W. 68TH ST.
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST (X) Change ( ) Addition
Name: BETANCOURT, SHARI,
Address: 9441 SW 150TH ST.
City-St-Zip: MIAMI, FL 33156

Title: PD (X) Change ( ) Addition
Name: PLYLER, BOB J,
Address: 65700 OVERSEAS HWY UNIT F6
City-St-Zip: LONG KEY, FL 33001

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB J PLYLER PD 08/26/2007
Electronic Signature of Signing Officer or Director — Date