

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002825

**Entity Name:** BUCKHORN NURSERY, LTD.

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

475 LAMBERT ROAD  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

475 LAMBERT ROAD  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 65-0885033      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

LAMBERT, RONALD B  
475 LAMBERT ROAD  
WAUCHULA, FL 33873      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000105824  
Name: BUCKHORN NURSERY, INC.  
Address: 475 LAMBERT ROAD  
City-St-Zip: WAUCHULA, FL 33873

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: BRIAN LAMBERT

MEM

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date