


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005274 1. Entity Name OAK GROVE NURSERY, LLC	
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Principal Place of Business 32115 ORANGE AVE. FORT PIERCE, FL 34945	Mailing Address PO BOX 1136 FT. PIERCE, FL 34954-1136
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DO NOT WRITE IN THIS SPACE

FILED

2004 MAR 16 PM 3: 59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



02162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1009952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOTT, DANIEL C III 9406 BUNTING LANE FT. PIERCE, FL 34951	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2004	000030566860 03/16/04--01063--026 **50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, DANIEL C III 9406 BUNTING LANE FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG, DAVID M 2300 GRAND OAK AVE. FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

LLPO40000899-9
 03/16/04--01068--026 **25.00

 03/16/04--01068--026 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  3/4/04 772-461-8978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #