

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-15-2008 90016 014 ****50.00
03-05-2008 90205 032 ****88.75

60012565



01072008 No Chg-LLC CR2E083 (12/07)

DOCUMENT # L0000005274
1. Entity Name
OAK GROVE NURSERY, LLC



Principal Place of Business
**32115 ORANGE AVE.
FORT PIERCE, FL 34945**

Mailing Address
**PO BOX 1136
FT. PIERCE, FL 34954-1136**

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1009952

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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
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**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: **1/11/08** **772-461-8978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #