2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000081

Entity Name: FRANK HILL NURSERIES, L.L.C.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6851 S.W. SPRINGHAVEN AVENUE INDIANTOWN, FL 34956

Current Mailing Address: New Mailing Address:

6851 S.W. SPRINGHAVEN AVENUE INDIANTOWN, FL 34956

FEI Number: 65-1062558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HILL, FRANK R JR. 6851 S.W. SPRINGHAVEN AVENUE INDIANTOWN, FL 34956 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete Name: Name:

HILL, FRANK JR. HILL, FRANK JR.

Address: 6851 S.W. SPRINGHAVEN AVENUE Address: 6851 S.W. SPRINGHAVEN AVENUE INDIANTOWN, FL 34956 INDIANTOWN, FL 34956

City-St-Zip: City-St-Zip:

(X) Change () Addition Title: Title: MGRM () Delete HILL, BONNIE LEE Name: Name: HILL, BONNIE LEE

Address: 6851 S.W. SPRINGHAVEN AVENUE Address: 6851 S.W. SPRINGHAVEN AVENUE

City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BONNIE LEE HILL **MGRM** 01/18/2005