

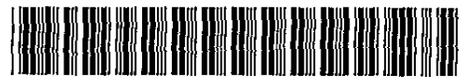
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L0100000091**  
 1. Entity Name  
**FLORIDA ECO NURSERIES, L.L.C.**



Principal Place of Business      Mailing Address  
**502 E. NEW HAVEN AVE.**      **502 E. NEW HAVEN AVE.**  
**MELBOURNE FL 32901**      **MELBOURNE FL 32901**



1st MOORE      CR2E083 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3712477**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**LARKIN, DAVID G ESQ.**  
**1900 S. HICKORY STREET, SUITE A**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BROUSSARD, WILLIAM J	502 E NEW HAVEN AVE	MELBOURNE FL 32901	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

U00000346138  
 04/30/05-80064-004 55.00

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:** *William J. Broussard*      **MANAGER MEMBER**      4-28-05      321-726-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #