


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000091 1. Entity Name FLORIDA ECO NURSERIES, L.L.C.	
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Principal Place of Business 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901	Mailing Address 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3712477	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROUSSARD, WILLIAM J 502 E NEW HAVEN AVE MELBOURNE, FL 32901
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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 608, Florida Statutes.

SIGNATURE: William J. Broussard 4-26-06 321-726-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #