2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000091

FLORIDA ECO NURSERIES, L.L.C.



FILED Apr 29, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

502 E. NEW HAVEN AVE. MELBOURNE, FL 32901 502 E. NEW HAVEN AVE. MELBOURNE, FL 32901



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3712477

Applied For 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

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. ‡ am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registored Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROUSSARD, WILLIAM J 502 E NEW HAVEN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ITILE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
IITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

MANAGING MEMBERS/MANAGERS

U00000932374 05/22/08-80053-005 143.75

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 608, Florida Statutes.

William J. BROUSSARD

Manager OR AUTHORIZED REPRESENTATIVE 4-23-08

321-726-4000