2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 19, 2006 08:00 AM Secretary of State **DOCUMENT # L01000002292** FLORIDA GREEN GARDENS, L.L.C. Principal Place of Business Mailing Address 132 HURON AVE 132 HURON AVE TAMPA, FL 33606 **TAMPA, FL 33606** 03312006 No Chg-LLC CR2E083 (11/05) **WO NOT WRITE IN THIS SPACE** Applied For 4. FEI Number 59-3699781 Not Applicat... \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, STEPHEN F DO NOT WRITE 132 HURON AVE **TAMPA, FL 33606** 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. 1 am familiar with, and accept the obligations of registered agent. 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 MANAGING MEMBERS/MANAGERS 0000001518464 05/02/06-80013-004 50.00 9. MGRM TIFLE YOUNG, STEPHEN F NAME 132 HURON AVE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33606 MGRM** TITLE YOUNG, CORINNE B NAME 132 HURON AVE STREET ACCURESS CITY-ST-ZIP **TAMPA, FL 33606** MGRM TILLE MANUE MARSHALL, CAROLINE B STREET ADDRESS 650 PINETREE ROAD **DO NOT WRITE** CITY - 57-ZIP WINTER PARK, FL 32789 IN THIS SPACE NAME STREET ADDRESS CITY-ST-DP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Stylen F. Joung

4/17/06

FILED

(813) 493-3363