

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005067

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** HOUSE OF FOLIAGE AND ORCHIDS, L.L.C.

**Current Principal Place of Business:**

18700 VETERANS BLVD  
STE 5  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

18700 VETERANS BLVD  
STE 5  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

**FEI Number:** 65-1087795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABERCROMBIE, WRAY  
16115 SW 117TH AVENUE, SUITE 25  
MIAMI, FL 33177 US

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

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:**

Title: MGRM ( ) Delete  
Name: KIRKUS, RACHEL R  
Address: 1071 VICTORIA NW  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGRM ( ) Delete  
Name: MISLOW, MARY L  
Address: 18470 SW 206 ST  
City-St-Zip: MIAMI, FL 33187

Title: MGRM ( ) Delete  
Name: MISLOW, GREGORY J JR  
Address: 18470 SW 206 ST  
City-St-Zip: MIAMI, FL 33187

Title: MGRM ( ) Delete  
Name: MISLOW, GREGORY J III  
Address: 18805 SW 208 ST  
City-St-Zip: MIAMI, FL 33187

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RACHEL R. KIRKUS

MGRM

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date