2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2004
Secretary of State

DOCUMENT# L01000014324

Entity Name: ANYTHING GROWS LLC

Current Principal Place of Business:

11301 N.W. 27TH AVE.
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

11301 N.W. 27TH AVE.
PLANTATION, FL 33323

New Mailing Address:

3928 NW 21 CIRCLE
JENNINGS, FL 32053

FEI Number: 65-1142631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 NORTHWEST 16TH ST.
FORT LAUDERDALE, FL 33311 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:	SMILEY, KIMBERLY	
Address:	11301 N.W. 27TH AVE.	
City-St-Zip:	PLANTATION, FL 33323	
Title:	MGRM	(X) Delete
Name:	GARGIULE, JAMES	
Address:	11301 N.W. 27TH AVE.	
City-St-Zip:	PLANTATION, FL 33323	
Title:	MGRM	(X) Delete
Name:	SMILEY, WARREN III	
Address:	11301 N.W. 27TH AVE.	
City-St-Zip:	PLANTATION, FL 33323	

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:	

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: KIMBERLY A. SMILEY MGRM 03/20/2004

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