

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021700

Entity Name: MONTICELLO NURSERIES, LLC

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

540 EAST DOGWOOD STREET
MONTICELLO, FL 32344 US

New Principal Place of Business:

1578 W. WASHINGTON ST.
MONTICELLO, FL 32344 US

Current Mailing Address:

P. O. BOX 1492
THOMASVILLE, GA 31799 US

New Mailing Address:

P. O. BOX 523
MONTICELLO, FL 32345 US

FEI Number: 02-0541036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRENCH, WILLIAM
540 EAST DOGWOOD STREET
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

FRENCH, WILLIAM J
540 EAST DOGWOOD STREET
MONTICELLO, FL 32344 US

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: WILLIAM J. FRENCH

03/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRENCH, WILLIAM J MGR
Address: 540 EAST DOGWOOD STREET
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGRM () Delete
Name: BRINSON, JOHN B MGR
Address: 129 PLANTATION DRIVE
City-St-Zip: THOMASVILLE, GA 31792 US

ADDITIONS/CHANGES:

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 Chapter 119, 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: WILLIAM J. FRENCH

MGRM

03/08/2006

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