2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L01000021700

Entity Name: MONTICELLO NURSERIES, LLC

Current Principal Place of Business:

1578 W. WASHINGTON ST.
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 523
MONTICELLO, FL 32345 US

New Mailing Address:

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 J
540 EAST DOGWOOD STREET
MONTICELLO, FL 32344 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/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 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 03/25/2009

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