

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005162

Entity Name: NELSON G. PLANTS, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

18850 SW 244TH ST.
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

18850 SW 244TH ST.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 03-0403591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARTA
1885 SW 244TH ST.
HOMESTEAD, FL 33031 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: GONZALEZ, NELSON I
Address: 1880 SW 244ST
City-St-Zip: HOMESTEAD, FL 33031

Title: MGRM () Delete
Name: GONZALEZ, NELSON JR
Address: 14268 SW 126 PL
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, NELSON J
Address: 18850 SW 244ST
City-St-Zip: HOMESTEAD, FL 33031

Title: MGRM (X) Change () Addition
Name: GONZALEZ, NELSON JR
Address: 2109 NE 39TH TERR.
City-St-Zip: HOMESTEAD, FL 33033

Title: MGRM () Change (X) Addition
Name: GONZALEZ, MARTA B
Address: 18850 SW 244 ST
City-St-Zip: HOMESTEAD, FL 33031

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: MARTA B GONZALEZ

MGRM

04/27/2005

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