

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005162

Entity Name: NELSON G. PLANTS, LLC

FILED
May 01, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GONZALEZ, MARTA
1885 SW 244TH ST.
HOMESTEAD, FL 33031 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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 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: MARTA B GONZALEZ

MGRM

05/01/2006

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