



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000006828 1. Entity Name SHARP RANCH, TREE FARM AND NURSERY, LLC					
Principal Place of Business 18710 PEPPER PIKE LANE LUTZ FL 33558-2825			Mailing Address 18710 PEPPER PIKE LANE LUTZ FL 33558-2825		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 04-3631562				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ FL 33558-2825			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ FL 33558-2825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000229880 02/15/05-80017-019 55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			2/8/2005		813-289-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					