2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 02, 2005 08:00 AM Secretary of State DOCUMENT # L02000009931 TECNIFLORA NURSERY, L.L.C. Mailing Address Principal Place of Business. 2033 MAIN STREET SUITE 600 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01212005 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State 03-0432609 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS, TROY H JR. ESQ Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 City 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 Signature, typed or printed name of registered agent and life if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check pavable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Change ☐ Addition ☐ Delete TITLE TITLE MYERS, TROY H JR NAME NAME 2033 MAIN STREET SUITE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34237 ☐ Addition MGR Delete TITLE Change TITLE ROMERO, RAFAEL NAME NAME 3480 TALLEVAST RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Add₁tion ☐ Delete TITLE TITLE NAME NAME U00000285454 04/02/05-80046-009 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the filmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

anager

SIGNATURE AND TY ED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED