

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90193 019 \*\*\*\*50.00

DOCUMENT # L02000009931

1. Entity Name  
TECNIFLORA NURSERY, L.L.C.



Principal Place of Business  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237

Mailing Address  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237

2. Principal Place of Business  
3480 TALLEVAST ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
3480 TALLEVAST ROAD  
Suite, Apt. #, etc.

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

4. FEI Number  
03-0432609

Applied For  
Not Applicable

Zip  
34243

Country  
USA

Zip  
34243

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYERS, TROY H JR. ESQ  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237

Name  
MARGARET SHRAF  
Street Address (P.O. Box Number is Not Acceptable)  
2100 SOUTH TAMiami TRAIL  
SUITE 600  
City  
SARASOTA, FL Zip Code  
34239

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]*

MARGARET SHRAF

03-25-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MYERS, TROY H JR  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ROMERO, RAFAEL  
3480 TALLEVAST RD.  
SARASOTA, FL 34243 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/06 941 509 7737