

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90048 021 ****50.00

DOCUMENT # L02000010449					
1. Entity Name GREENLAND NURSERY, LLC					
Principal Place of Business 10345 OLD DADE CITY RD. LAKELAND, FL 33810			Mailing Address 10345 OLD DADE CITY RD. LAKELAND, FL 33810		
2. Principal Place of Business 10345 OLD DADE City Rd.		3. Mailing Address 18455 SW 264 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202004 Chg-LLC CR2E083 (10/03)	
City & State Lakeland FL		City & State Homestead FL		4. FEI Number 16-1615216	
Zip 33810		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MAAS, JOHN P ESQ. 18455 SW 264TH ST HOMESTEAD, FL 33031			7. Name and Address of New Registered Agent		
Name			JOHN C. DeMott		
Street Address (P.O. Box Number is Not Acceptable)			18455 SW 264 St.		
City			Homestead FL Zip Code 33031		
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				Manager/Member	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 04/20/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMOTT, JOHN C 18455 S.W. 264 ST. HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMOTT, CAROLYN G 18455 SW 264TH ST HOMESTEAD, FL 33031	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, MICHAEL 7623 ROLLING GROVE DR W LAKELAND, FL 33810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMOTT, RAYMOND C 15200 SW 264TH ST HOMESTEAD, FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: John C. DeMott MGRM 04/20/04 305-248-5109					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					