


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90180 010 ***138.75

DOCUMENT # L02000010449 1. Entity Name GREENLAND NURSERY, LLC	
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Principal Place of Business 10345 OLD DADE CITY RD. LAKELAND, FL 33810	Mailing Address 18455 SW 264 ST HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE

	
03182008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 16-1615216	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 DEMOTT, JOHN C 18455 SW 264TH ST HOMESTEAD, FL 33031	DO NOT WRITE IN THIS SPACE
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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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMOTT, JOHN C 18455 S.W. 264 ST. HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMOTT, CAROLYN G 18455 SW 264TH ST HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLANTON, B S 1205 W. LAKE BUCKEYE DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMOTT, RAYMOND C 15200 SW 264TH ST HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLANTON, DIANY 1205 W. LAKE BUCKEYE DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  John C. DeMott	3/18/08	305-248-5109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date Daytime Phone #		