

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000013286

**FILED
Sep 21, 2005
Secretary of State****Entity Name:** JUNIPER'S SUNSHINE NURSERY LLC**Current Principal Place of Business:**6351 INDUSTRY AVENUE
FORT MYERS, FL 33905**New Principal Place of Business:****Current Mailing Address:**
6351 INDUSTRY AVENUE
FORT MYERS, FL 33905**New Mailing Address:**

FEI Number: 06-1641327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:MCWILLIAMS, JENNIFER L
6351 INDUSTRY AVENUE
FORT MYERS, FL 33905 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: MCWILLIAMS, JENNIFER L
Address: 6351 INDUSTRY AVENUE
City-St-Zip: FORT MYERS, FL 33905**ADDITIONS/CHANGES:**Title: MGRM (X) Delete
Name: MCWILLIAMS, PATRICK J
Address: 6351 INDUSTRY AVENUE
City-St-Zip: FORT MYERS, FL 33905Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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: JENNIFER MCWILLIAMS

MGRM

09/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date