

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

06-27-2005 90135 017 ****50.00

DOCUMENT # L02000017873 1. Entity Name STARKEY ROAD NURSERY, LLC					
Principal Place of Business 14051 STARKEY ROAD DELRAY BEACH, FL 33446			Mailing Address 14051 STARKEY ROAD DELRAY BEACH, FL 33446		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1543214	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, hand or printed name of registered agent and title if applicable. (NOTE: Reg. stated Agent: signature required when reissuing)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		30011186	
II. MANAGING MEMBERS/MANAGERS				III. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITSCH, ROBERT C 17833 BONIELLO DRIVE BOCA RATON, FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
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: <i>Robert C Tritsch</i>				9/8/05 561 716-7894	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					