2004 LIMITED LIABILITY COMPANY

Mar 29, 2004 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # L02000020555** 03-29-2004 90559 001 ****50.00 1. Entity Name JACK PARKER NURSERY, LLC Mailing Address 24030100 Principal Place of Business 9400 GLADIOLUS DRIVE 9400 GLADIOLUS DRIVE **SUITE 250** SUITE 250 FT. MYERS, FL 33908 FT. MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address 9001 DANIELS PARKWAY 9001 DANIEZS PARKUAY Suite, Apt. #, etc. SUITE ZOO Suite, Apt. #, etc 02232004 Chg-LLC CR2E083 (10/03) SUITE 200 Applied For City & State City & State 4. FEI Number FORT MYBRS FORT MYERS 32-0037951 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 3*3*912 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent. ANDREW SERVICE CORPORATION OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 2100 TAMPA, FL 33602** City 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. Signeture, 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change Addition NEISMAN, JOHN REISMAN, JOHN 9001 DANIELS PARKWAY SUITE 200 NAME NAME 9400 GLADIOLUS DRIVE, SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP FORT INYERS, R Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

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

FILED

235. 181. 1010