2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# L02000021210

Entity Name: ATLANTIC COAST NURSERIES, L.L.C.

Current Principal Place of Business:

4801 SOUTH UNIVERSITY DRIVE, SUITE 116
DAVIE, FL 33328

New Principal Place of Business:

1920 HALLANDALE BEACH BLVD
SUITE 602
HALLANDALE, FL 33009

Current Mailing Address:

P.O. BOX 661169
MIAMI, FL 33266

New Mailing Address:

FEI Number: 20-1088123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERLSTEIN, ARNOLD ESQ.
4801 SOUTH UNIVERSITY DRIVE, SUITE 116
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

PERLSTEIN, ARNOLD ESQ.
441 MONTCLAIRE DR
WESTON, FL 33326 US

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: _____ 03/15/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM ( ) Delete
Name:	ALWEISS, IRA
Address:	4801 SOUTH UNIVERSITY DRIVE, SUITE 116
City-St-Zip:	DAVIE, FL 33328

Title:	MGRM ( ) Delete
Name:	ALWEISS, ALAN
Address:	4801 SOUTH UNIVERSITY DRIVE, SUITE 116
City-St-Zip:	DAVIE, FL 33328

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	ALWEISS, IRA
Address:	1920 HALLANDALE BEACH BLVD
City-St-Zip:	HALLANDALE, FL 33009

Title:	MGRM (X) Change ( ) Addition
Name:	ALWEISS, ALAN
Address:	1920 HALLANDALE BEACH BLVD
City-St-Zip:	HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: IRA ALWEISS MGRM 03/15/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date