

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028009

FILED
Jan 22, 2004
Secretary of State

Entity Name: WEST DADE NURSERIES, LLC

Current Principal Place of Business:

TIMOTHY E. CHRISTIE C/O GUNSTER, YOAKLEY
777 SOUTH FLAGLER DR, STE, 500 EAST PERRY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

TIMOTHY E. CHRISTIE C/O GUNSTER, YOAKLEY
777 SOUTH FLAGLER DR, STE, 500 EAST PERRY
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 55-0345840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE, TIMOTHY E
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST - PERRY
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: MGR () Delete
Name: CHRISTIE, TIMOTHY E
Address: 777 S. FLAGLER DRIVE, SUITE 500E
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM CHRISTIE MGR 01/22/2004

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