

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028009

FILED
Apr 06, 2007
Secretary of State

Entity Name: WEST DADE NURSERIES, LLC

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

101 SANBURY WAY
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

New Mailing Address:

101 SANBURY WAY
WEST PALM BEACH, FL 33411 US

FEI Number: 55-0345840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: MELFI, STEPHANIE
Address: 777 S. FLAGLER DRIVE, SUITE 500E
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MELFI, STEPHANIE
Address: 101 SANBURY WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEPHANIE MELFI

MGR

04/06/2007

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