2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L03000005251

Entity Name: RAIN FOREST HOME SERVICES & NURSERY L.L.C.

Current Principal Place of Business:

11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 56-2328434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOEB, JAMES M PRES.
11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 334283900 US

Name and Address of New Registered Agent:

DASILVA, GERALDO
11030 ORIOLE COUNTRY RD.
BOCA RATON, FL 33428 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: GERALDO DASILVA 02/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LOEB, JAMES M PRES.
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Delete
Name: DASILVA, GERALDO VP
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DASILVA, GERALDO PRES.
Address: 11030 ORIOLE COUNTRY RD.
City-St-Zip: BOCA RATON, FL 33428

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 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: GERALDO DASILVA MGRM 02/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date