

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005314

FILED
Sep 09, 2004
Secretary of State

Entity Name: KEY LIME LANDSCAPE NURSERY, LLC

Current Principal Place of Business:

109 JUSTINE DRIVE
SEBASTIAN, FL 32958

New Principal Place of Business:

24550 SW 183 AVENUE
HOMESTEAD, FL 33031

Current Mailing Address:

109 JUSTINE DRIVE
SEBASTIAN, FL 32958

New Mailing Address:

24550 SW 183 AVENUE
HOMESTEAD, FL 33031

FEI Number: 55-0815430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHRMANN, JEROME SR
109 JUSTINE DRIVE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

BEHRMANN, JEROME SR
24550 SW 183 AVENUE
HOMESTEAD, FL 33031 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:

09/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEHRMANN, JEROME SR
Address: 109 JUSTINE DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM (X) Delete
Name: BEHRMANN, MARY LOU
Address: 109 JUSTINE DRIVE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEHRMANN, JEROME SR
Address: 24550 SW 183 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

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: JEROME BEHRMANN SR

MGRM

09/09/2004

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