# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 31, 2010**
**Secretary of State**

DOCUMENT# L03000008738

**Entity Name:** TOM'S WHOLESALE NURSERY, L.L.C.

**Current Principal Place of Business:**

256 LONGWOOD HILLS ROAD
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

256 LONGWOOD HILLS ROAD
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number: 55-0824295** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHALDJIAN, THOMAS A
256 LONGWOOD HILLS ROAD
LONGWOOD, FL 32750 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
Name: SHALDJIAN, THOMAS A
Address: 256 LONGWOOD HILLS ROAD
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 Statues.

SIGNATURE: THOMAS A. SHALDJIAN MGR 01/31/2010

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