


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90281 034 \*\*\*\*50.00

<b>DOCUMENT # L03000008959</b> 1. Entity Name CLEAR CHOICE GREENHOUSES, LLC	
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Principal Place of Business 100 STEARN AVENUE PLANT CITY, FL 33563	Mailing Address POST OFFICE BOX 1839 PLANT CITY, FL 33564
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0772779	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent:

WISHNATZKI, GARY  
100 STEARN AVENUE  
PLANT CITY, FL 33563

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISHNATCKI, GARY 16609 MILLAN DE AVILA TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR</del> MEMBER WILLIFORD, ALLEN 11302 WESTON POINTE DR #301 BRANDON, FL 33511
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Gary Wishnatcki, Mgr. 3/31/05 813752-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #