## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000009145

FILED Jan 07, 2004 Secretary of State

Entity Name: CEDAR RIDGE LANDSCAPE NURSERY LLC **Current Principal Place of Business: New Principal Place of Business:** 335 W. PALMETTO AVE. DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 335 W. PALMETTO AVE. DELAND, FL 32720 FEI Number: 13-4252192 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHANDLER, GORDON L 5146 CHAKÁNOTOSA CIRCLE ORLANDO, FL 32818 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/MEMBERS:** ADDITIONS/CHANGES: () Delete ( ) Change (X) Addition CHANDLER, GORDON L Name: Name: Address: Address: 5146 CHAKANOTOSA CIRCLE City-St-Zip: City-St-Zip: ORLANDO, FL 32818 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MCLAUGHLIN, MARSHALL L JR Address: Address: 4650 N ORANGE GROVE DR City-St-Zip: City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition Name: MCLAUGHLIN, MARK L Address: Address: 401 W. PALMETTO AVE City-St-Zip: DELAND, FL 32720 US

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: GORDON L. CHANDLER MGRM 01/07/2004