2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011570

Entity Name: URIBE NURSERY, LLC

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6620 SW 185 WAY 143 RIVIERA CIRCLE SOUTHWEST RANCHES, FL 33332 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

6620 SW 185 WAY 143 RIVIERA CIRCLE SOUTHWEST RANCHES, FL 33332 WESTON, FL 33326

FEI Number: 57-1159794 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:

URIBE, RUBEN
6620 SW 185 WAY
SOUTHWEST RANCHES, FL 33332 US
URIBE, RUBEN
143 RIVIERA CIRCLE
WESTON, FL 33326 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: /RUBEN URIBE/ 03/13/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 URIBE, RUBEN
 Name:
 URIBE, RUBEN

 Address:
 6620 SW 185 WAY
 Address:
 143 RIVIERA CIRCLE

City-St-Zip: SOUTHWEST RANCHES, FL 33332 City-St-Zip: SOUTHWEST RANCHES, FL 33326

Title: MGR () Delete Title: () Change () Addition

 Name:
 BETANCUR, MİRYAM L
 Name:

 Address:
 143 RIVIERA CIR.
 Address:

 City-St-Zip:
 WESTON, FL 33326
 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: /RUBEN URIBE/ MGR 03/13/2007