

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011905

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: DONER'S NURSERY, LLC

## Current Principal Place of Business:

1178 RIDGECREST CT  
PALM HARBOR, FL 34683

## New Principal Place of Business:

3647 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

## Current Mailing Address:

1178 RIDGECREST CT  
PALM HARBOR, FL 34683

## New Mailing Address:

3547 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

FEI Number: 75-3108592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONER, JULIE K  
1178 RIDGECREST CT  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

DONER, JULIE K  
3647 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890 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:

04/21/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: DONER, MICHAEL E OWNER  
Address: 3647 STEVE ROBERTS  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: MGR ( ) Change (X) Addition  
Name: DONER, JULIE K OWNER  
Address: 3647 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890 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: MICHAEL E. DONER

MGR

04/21/2004

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