2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L03000014150

Entity Name: LOXAHATCHEE NATIVE NURSERY LLC

Current Principal Place of Business:

248 C ROAD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH, FL 33401

Current Mailing Address:

248 C ROAD
LOXAHATCHEE, FL 33470

New Mailing Address:

1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH, FL 33401

FEI Number: 51-0460173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESHER, GERALD S ESQ
1555 PALM BEACH LAKES BLVD., STE. 1510
WEST PALM BEACH, FL 33401 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/MEMBERS:

Title: MGR ( ) Delete
Name: GOLTZENE, IRENE
Address: P. O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: IRENE GOLTZENE MGR 04/25/2005

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