

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90201 046 \*\*\*138.75

<b>DOCUMENT # L03000023381</b>					
<b>1. Entity Name</b> ROYAL PALMS NURSERY, LLC					
<b>Principal Place of Business</b> 20107 S.W. 200 STREET MIAMI, FL 33187			<b>Mailing Address</b> 2230 SE 19 AVENUE HOMESTEAD, FL 33035		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-0156440	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>			
DEEB, KEVIN L ESQ 2350 CORAL WAY, SUITE 401 MIAMI, FL 33145-3536		Name <b>LOPEZ, LUIS F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2230 SE 19TH AVENUE</b> City <b>HOMESTEAD</b> <b>FL</b> <b>33035</b>			
<b>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.</b>					
<b>SIGNATURE</b>		DATE <b>3/07/2008</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM FLORES, JULIAN 2230 SE 19 AVENUE HOMESTEAD, FL 33035		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM LOPEZ, LUIS F. 2230 SE 19 AVENUE HOMESTEAD, FL 33035	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>			DATE <b>3/06/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <b>786 473 8635</b>		