


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 004 ****50.00

DOCUMENT # L03000036491		
1. Entity Name 161 EMERSON AVENUE NURSERY, L.L.C.		

Principal Place of Business 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487	Mailing Address 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487
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24013140

2. Principal Place of Business 5801 Congress Avenue	3. Mailing Address 5801 Congress Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01152004 Chg-LLC CR2E083 (10/03)

City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33487	Country

4. FEI Number 20-0261758	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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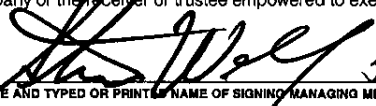
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Steve Wolf 5801 Congress Avenue Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Steve Wolf, Managing Member 2/17/04 561-498-5622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #