2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000036491

1. Entity Name
161 EMERSON AVENUE NURSERY, L.L.C.

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

DO NOT WRITE IN THIS SPACE

03152005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0261758	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOLF, STEVE
STREET ADDRESS	5801 CONGRESS AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/24/05-80050-006 50.00

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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   3/16/05   561-498-5400

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