2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L03000037108

Entity Name: DOUG INGRAM & SON NURSERY, LLC

Current Principal Place of Business:

16775 SW 288TH STREET
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

16775 SW 288TH STREET
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: 20-0272626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INGRAM, DOUG E
16775 SW 288TH STREET
HOMESTEAD, FL 33030 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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	INGRAM, DOUG E	
Address:	16775 SW 288TH STREET	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	TRP	( ) Delete
Name:	INGRAM, WILLIAM	
Address:	16840 SW 288 ST	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	TRP	( ) Delete
Name:	INGRAM, ROD	
Address:	26611 SW 167 AVE	
City-St-Zip:	HOMESTEAD, FL 33031	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOUG E. INGRAM MGRM 01/22/2009

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