2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2004
Secretary of State

DOCUMENT# L03000039318

Entity Name: YMB NURSERY, LLC

Current Principal Place of Business:

8600 SW 162ND ST.
MIAMI, FL 33157

New Principal Place of Business:

20791 SW 207 AVENUE
HOMESTEAD, FL 33187

Current Mailing Address:

P.O. BOX 570819
MIAMI, FL 33187

New Mailing Address:

P.O. BOX 570819
MIAMI, FL 33257

FEI Number: 20-0338794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGAN, EDWARD L
8600 SW 162ND ST.
MIAMI, FL 33157

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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: SEACOAST NURSERY, LL, C
Address: 8600 SW 162 STREET
City-St-Zip: MIAMI, FL 33157

Title: MGR ( ) Change (X) Addition
Name: MARTINEZ, YANDRY
Address: 20791 SW 207 AVENUE
City-St-Zip: HOMESTEAD, FL 33187

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: YANDRY MARTINEZ MGR 06/14/2004

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