2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039994

Entity Name: ALL FLOWERS, LLC

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1951 PINE RIDGE RD UNIT 105 1951 PINE RIDGE RD NAPLES, FL 34109 #105

#105 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

3947 MONTESINO DRIVE 1951 PINE RIDGE RD

ROCKLEDGE, FL 32955 #105

NAPLES, FL 34109

FEI Number: 56-2442914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRISSOM, IRENE A POLANCO, JANINE A
3947 MONTESINO DRIVE 1951 PINE RIDGE RD
ROCKLEDGE, FL 32955 US #105

NAPLES, FL 34109 US

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: JANINE POLANCO 04/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ALBERICI, ADOLPH D
 Name:
 POLANCO, JANINE A

 Address:
 5803 CHARLTON WAY
 Address:
 15914 MARCELLO CIRCLE

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34110

Title: D (X) Delete Title: () Change () Addition

 Name:
 GRISSOM, IRENE A
 Name:

 Address:
 3947 MONTESINO DRIVE
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955
 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: JANINE POLANCO D 04/24/2009