

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040424

Entity Name: CASCADE NURSERY, LLC

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

500 E KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

500 E KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 04-3753645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHLOSSER, RICHARD A  
500 E KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602 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/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: GENTRY, RANDALL E  
Address: 19003 COUR ESTATES  
City-St-Zip: LUTZ, FL 33558

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: RANDALL E GENTRY

MGR

04/26/2004

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