



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90023 050 ***138.75

DOCUMENT # L03000040424					
1. Entity Name CASCADE NURSERY, LLC					
Principal Place of Business 500 E KENNEDY BLVD., SUITE 200 TAMPA, FL 33602			Mailing Address 500 E KENNEDY BLVD., SUITE 200 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 5601 TPC Boulevard		3. Mailing Address 5601 TPC Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008 Chg-LLC CR2E083 (12/06)	
City & State Lutz, FL		City & State Lutz, FL		4. FEI Number 04-3753645	
Zip 33558		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GENTRY, RANDALL E 4312 CHEVAL BLVD. LUTZ, FL 33558			7. Name and Address of New Registered Agent Name: <u>Randall E. Gentry</u> Street Address (P.O. Box Number is Not Acceptable): <u>5601 TPC Boulevard</u> City: <u>Lutz</u> FL Zip Code: <u>33558</u>		
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: 				DATE: <u>4/22/08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENTRY, RANDALL E 5601 TPC BOULEVARD LUTZ, FL 33558	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date: <u>4/22/08</u> Daytime Phone #: <u>(813) 949-6000</u>	