

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046801

Entity Name: C & C NURSERY LLC

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

12555 BISCAYNE BLVD. #460  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

12555 BISCAYNE BLVD. #460  
NORTH MIAMI, FL 33181

## New Mailing Address:

FEI Number: 68-0573513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARO, IVAN  
12555 BISCAYNE BLVD. #460  
NORTH MIAMI, FL 33181 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: MGR ( ) Delete  
Name: CARO, IVAN  
Address: 12555 BISCAYNE BLVD. #460  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR ( ) Delete  
Name: CARO, INGRID  
Address: 12555 BISCAYNE BLVD. #460  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR ( ) Delete  
Name: CORDOVES, ORLANDO  
Address: 12555 BISCAYNE BLVD. #460  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR ( ) Delete  
Name: CORDOVES, LISA  
Address: 12555 BISCAYNE BLVD. #460  
City-St-Zip: NORTH MIAMI, FL 33181

## 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:

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

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: IVAN CARO

MGR

01/12/2005

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