2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004
Secretary of State

DOCUMENT# L03000051483

Entity Name: 217TH NURSERY ACRES, LLC

Current Principal Place of Business:

30401 SW 217TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

30401 SW 217TH AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARLADE, ALBERTO J
C/O PARLADE & FIGUERAS
7050 S.W. 86TH AVENUE
MIAMI, FL 33143 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: FERNANDEZ, NELSON
Address: 30401 SW 217TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: MGR ( ) Delete
Name: DE IZAGUIRRE, FERNANDO A
Address: 30401 SW 217TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FERNANDEZ, NELSON SR
Address: 30401 SW 217TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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: NELSON FERNANDEZ, SR MGR 02/05/2004

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