

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051483

FILED
Jun 13, 2005
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARLADE, ALBERTO J
C/O PARLADE & FIGUERAS
7050 S.W. 86TH AVENUE
MIAMI, FL 33143 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERNANDEZ, NELSON SR
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: () 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: NELSON FERNANDEZ, SR.

MGR

06/13/2005

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