2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L03000054517 Apr 24, 2006 08:00 AN Secretary of State 1. Entity Name JEFF'S PLANTS & SOIL, LLC Mailing Address Principal Place of Business 1260 STIRLING ROAD 1260 STIRLING ROAD **DANIA FL 33004 DANIA FL 33004** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number City & State Applied For City & State 74-3119889 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 2541 GARFIELD ST. **HOLLYWOOD FL 33020** City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE ☐ Change ☐ Addition ☐ Delete MGRM TITE F NAME NAME HILL, JEFF U00000531551 STREET ADDRESS STREET ADDRESS 2541 GARFIELD ST 05/06/06-80049-007 50.00 CITY-ST-ZIP CDY-ST-7/P HOLLYWOOD FL 33020 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE MANAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CMY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

PRINTED NAME OF SIGNING MANAGING MEMBER

SIGNATURE: