2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90064 044 ****50.00

1. Entity Name	MENT # L04000001 NURSERY & LANDSCAPI						01-17-2006 :	90004 0	443	0.00
Principal Place of Business		Mailing Address				20001057				
15746 SR 19 GROVELAND, FL 34736		15746 SR 19 Groveland, Fl. 34736			}		, 5000		•	
GROVELAND,	FL 34730	GRUVEDAND, FL 3473	0		ļ	1 HESTORY OR A	laith eisin gaint aann á Str	1 60 111 6111 11 (11	NA 1288 1 270 27	NOVERNI ANCERE
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01122006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State				4. FEI Number				plied For
Zip Country		Zip C		Country		20-0549	213			t Applicable
			Coun				of Status Desired	<u> </u>	\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name		7. Name and /	Address of New R	ogistered /	Agent	
MARTIN, MIRTHA V CPA				TVALITIES	-					
420 S COL	INTRY CLUB ROAD	Street Address		dctess (P	O. Box Number	r is Not Acceptable	:)			
LAKE MAN	RY, FL 32746									
				City				FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or both	n, in the State of Flo	nida. I am	familiar with,	and accept
SIGNATURE .	1		•							
U	Signature, typed or printed name of registered egent a	and title if applicable. (NOT	E. Registero	d Agent signetu	re required t	when reinstating)		DATÉ		
										
Fi Di	ling Fee is \$50.00 ue by May 1, 2006							e check p Departm	ayable to ent of Stat	•
Fi Di	MANAGING MEMBE	RS/MANAGERS	10.					Departm	ent of Stat	,
9.	MANAGING MEMBE		ΠL				Florida	Departm	ent of Stat	Addition
9.	MANAGING MEMBE		HAM				Florida	Departm	ent of Stat	
9. TITLE NAME	MANAGING MEMBE MGR NICHOLS, WENDELL		TITLE HAM STRE	E			Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR NICHOLS, WENDELL 15746 SR 19 GROVELAND, FL 34736 MGR		TITLE RAM STRE CITY TITLE	E Et address -st-zip E			Florida	Departm	ent of Stat	
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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.