


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000010284 | |  |
| 1. Entity Name NORTH FLORIDA NURSERIES, LLC | | |
| Principal Place of Business 2251 RABON ROAD MONTICELLO, FL 32344 | Mailing Address 2251 RABON ROAD MONTICELLO, FL 32344 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent HATCHER, H. FRANKLIN 2251 RABON ROAD MONTICELLO, FL 32344 | | DO NOT WRITE IN THIS SPACE |
| 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. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 1100000403907 02/06/06-80025-015 50.00 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR HATCHER, H FRANKLIN 2251 RABON ROAD MONTICELLO, FL 32344 | DO NOT WRITE IN THIS SPACE |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. | | |
| SIGNATURE: <u>H. F. Hatcher</u> 1/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone # | | |