## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000010284

1. Entity Name

NORTH FLORIDA NURSERIES, LLC



Principal Place of Business

Mailing Address

2251 RABON ROAD MONTICELLO, FL 32344 2251 RABON ROAD MONTICELLO, FL 32344

## FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90039 047 \*\*\*\*50 00

60040354



04232007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

, |

4. FEI Number 20-0433659 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCHER, H. FRANKLIN 2251 RABON ROAD MONTICELLO, FL 32344

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
		(NOTE registered Agent signature required when tenstating)	UATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	HATCHER, H FRANKLIN		
STREET ADDRESS	2251 RABON ROAD		
CITY-ST-ZIP	MONTICELLO, FL 32344		
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CITY-ST-ZIP			
indicated	on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 119, Florida Sta hall have the same legal effect as if made under oath; that I am ecute this report as required by Chapter 608, Florida Statutes.	tutes. I further certify that the information a managing member or manager of the

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #L04000010284 CLIENT NORTH FLORIDA NURSERIES, LLC COPY Principal Place of Business Mailing Address C. Luther Pickels, C.P.A. 2251 RABON ROAD 2251 RABON ROAD MONTICELLO, FL 32344 MONTICELLO, FL 32344 60040354 04232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0433659 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATCHER, H. FRANKLIN DO NOT WRITE 2251 RABON ROAD MONTICELLO, FL 32344 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HATCHER, H FRANKLIN NAME 2251 RABON ROAD STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ATTACHMENT

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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daylims Prione #