## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020651

Entity Name: DONALDSON FOLIAGE, LLC

FILED Apr 24, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

23800 LAKE CHANCELLOR DR 23800 LAKE CHANCELLOR DR SORRENTO, FL 327769577

SORRENTO, FL 32776

**Current Mailing Address: New Mailing Address:** 

23800 LAKE CHANCELLOR DR P.O. BOX 840

SORRENTO, FL 327769577 ZELLWOOD, FL 32798

FEI Number: 56-2449596 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONALDSON, WILLIAM R DONALDSON, WILLIAM R 5457 ROUND LAKE ROAD 5563 ROUND LAKE ROAD APOPKA, FL 32712 APOPKA, FL 32712

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: 04/24/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM ( ) Delete Title: (X) Change ( ) Addition

DONALDSON, WILLIAM R DONALDSON, WILLIAM R Name: Name: Address: P.O. BOX 840 Address: 5563 ROUND LAKE RD City-St-Zip: ZELLWOOD, FL 32798 City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

DONALDSON, KAREN E Name: DONALDSON, KAREN E Name: Address: P.O. BOX 840 Address: 5563 ROUND LAKE RD. City-St-Zip: ZELLWOOD, FL 32798 City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KAREN E. DONALDSON **MGRM** 04/24/2006