

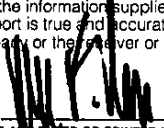


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90101 022 \*\*\*\*55.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L04000024026</b><br>1. Entity Name<br>CANEWORLD NURSERY, L.C.  |  |   |   |   |  |
| Principal Place of Business<br>14353 SW 248TH ST<br>PRINCETON, FL 33032  |  |   | Mailing Address<br>14353 SW 248TH ST<br>PRINCETON, FL 33032 |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   | 04262005    Chg-LLC    CR2E083 (10/03)   |  |
| Zip  |  | Country   |   | 4. FEI Number <b>20-0936962</b> Applied For Not Applicable                         |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required  |  | 6. Name and Address of Current Registered Agent<br><br>ARAZOZA & FERNANDEZ-FRAGE, P.A.<br>2100 SALZEDO ST, STE 300<br>CORAL GABLES, FL 33134  |   |  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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. |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |  |   |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  | <b>Make check payable to Florida Department of State</b>  |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GIL, FERNANDO J<br>14353 SW 248TH ST<br>PRINCETON, FL 33032 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ORTIZ, RODOLFO<br>14353 SW 248TH ST<br>PRINCETON, FL 33032 <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |   |  |  |
| <b>SIGNATURE:</b>   |  |   | <b>4-28-05</b> <b>305 2587466</b>                           |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   | Date    Daytime Phone #                                     |  |  |