2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# L04000028623

Entity Name: OAK LEAF NURSERY & LANDSCAPE, LLC

Current Principal Place of Business:

3105 SHADY OAK PLACE
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 665
GROVELAND, FL 34736

New Mailing Address:

3015 SHADY OAK PLACE
GROVELAND, FL 34736

FEI Number: 20-3325715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANN & HADLEY, P.A.
1031 W MORSE BLVD
SUITE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZOLTAN, TINA
Address: 3105 SHADY OAK PLACE
City-St-Zip: GROVELAND, FL 34736

Title: MGRM ( ) Delete
Name: ZOLTANI, LLOYD
Address: 3105 SHADY OAK PLACE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TINA LOUISE ZOLTAN PRES 02/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date