

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036862

**Entity Name:** FLORIDA NURSERY, LLC

**FILED**  
**Aug 26, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1301 CARLENE AVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1301 CARLENE AVE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 20-3370492      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HELMERICH, FRANK  
1301 CARLENE AVE  
FORT MYERS, FL 33901      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:** HELMERICH, FRANK  
**Address:** 1301 CARLENE AVE  
**City-St-Zip:** FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** FRANK HELMERICH

MGRM

08/26/2005

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