2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000041974

Entity Name: BIG LAKE NURSERY, INSTALLATION & MULCH,LLC

Current Principal Place of Business:

14920 ORANGE AVE
FT PIERCE, FL 34945 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13438
FT PIERCE, FL 34979 US

New Mailing Address:

FEI Number: 34-1998726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORMAN, ROBERT J
1209 DELAWARE AVE.
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

MOORE, GAYLE L
14920 ORANGE AVE.
FT. PIERCE, FL 34945 US

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: GAYLE MOORE 04/28/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MOORE, GAYLE L
Address: 1786 S.W. BILTMORE ST.
City-St-Zip: PORT ST. LUCIE, FL 34985 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MOORE, GAYLE L
Address: 14920 ORANGE AVE.
City-St-Zip: FT. PIERCE, FL 34945 US

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: GAYLE MOORE MGRM 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date