2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State

| DOCUMENT # L04000045905 | | | | | | 03-03-2005 90027 006 ****55.00 | | | | |
|--|---|--|--|--|---|--------------------------------|----------------------|--------------------------|-----------------------------|-------------------------|
| 1. Entity Name KINGFISHER NURSERY LLC | | | | | | | | | | |
| Principal Place of Business 17566 DAVENPORT RD WINTER GARDEN, FL 34787 | | Mailing Address 17566 DAVENPORT RD WINTER GARDEN, FL 34787 | | | | | | | | |
| 2 Principal E | 2 Mailing Address | Mailing Address | | | | | | | | |
| 2. Principal Place of Business | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 02182005 | Chg-LLC | CR2E0 | 083 (10/03) | |
| City & State | | City & State | | | | 4. FEI Numbe | 199856 | 9/ | <u> </u> | plied For Applicable |
| Zip | Country | . Zip Cou | | try | y 5 Certificate of Status Desired \$5.00 Ad | | | | \$5.00 Add Fee Required | |
| Name and Address of Current Registered Agent Name | | | | | | | Address of New | Registered | | |
| LORD, FRED 17566 DAVENPORT RD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| WINTER GARDEN, FL 34787 | | | | | | | | | | |
| | | | | City | | | | FL | Zip Code | , |
| The above named entity submits this statement for the purpose of changing its registered office or register. | | | | | | d agent, or bot | h, in the State of F | | • | |
| the obligations of registered egent. | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registored agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | | | ke check p la Departm | eayable to sent of State | , |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | | ADDITIONS | /CHANGES | 5 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCOLLUM, MICHAEL 17566 DAVENPORT RD WINTER GARDEN, FL 34787 | ☐ Delete | | | | 0 | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Oelete | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | . Delete | | | · | . | | | ☐ Change | Addition |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | ☐ Delete | | | • | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | Delete Delete | | EET ADDRESS | | | | | ☐ Change | Addition |
| 11. Thereby | certify that the information supplied with | this filling does not qualify for | | -ST-ZIP | ed in Sec | tion 119.07/21/3 | i) Florida Statutos | I further on | rtifu that the i- | formetice |
| 11. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | |