

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000057008

1. Entity Name  
GNARLY OAKS NURSERY, LLC



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

05-02-2005 90367 023 \*\*\*\*50.00

14010001



04272005 Chg-LLC CR2E083 (10/03)

Principal Place of Business  
1875 OLD TOMOKA ROAD  
ORMOND BEACH, FL 32174

Mailing Address  
1875 OLD TOMOKA ROAD  
ORMOND BEACH, FL 32174

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARBANKS, LAWRENCE J  
110 CLEVELAND AVENUE  
WILDWOOD, FL 34785

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME BALLAS, DONNA-LYNNE  
STREET ADDRESS 1875 OLD TOMOKA ROAD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

Delete

**10. ADDITIONS/CHANGES**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/2005 386-677-5825  
Date Daytime Phone #