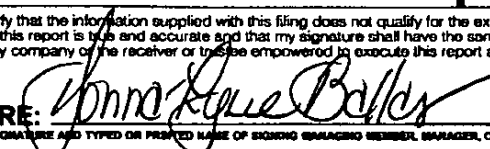


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90056 003 ****50.00

DOCUMENT # L04000057008 1. Entity Name GNARLY OAKS NURSERY, LLC						
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			
						
03222006 Chg-LLC CR2E083 (11/05)						
4. FEI Number APPLIED FOR N/A				Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
MARCHBANKS, 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 reappointing)						
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	BALLAS, DONNA-LYNNE			NAME		
STREET ADDRESS	1875 OLD TOMOKA ROAD			STREET ADDRESS		
CITY- ST- ZIP	ORMOND BEACH, FL 32174			CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY- ST- ZIP				CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/19/06						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)						

Filing Fee \$50.00