


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BALLAS, DONNA-LYNNE 1875 OLD TOMOKA ROAD ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000738472 05/11/07-80069-010 50.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donna Lynne Ballas

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

Date

Daytime Phone #