

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065065

Entity Name: B.G. KATZ NURSERIES, LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

8310 HAVERHILL EXT. ROAD  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

15800 LOXAHATCHEE RD  
PARKLAND, FL 33076

**Current Mailing Address:**

15800 LOXAHATCHEE RD.  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 20-1607555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AFTON, ROBERT  
8310 HAVERHILL EXT. ROAD  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

AFTON, ROBERT  
15800 LOXAHATCHEE RD.  
PARKLAND, FL 33076 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: ROBERT AFTON

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KATZ, BORIS  
Address: 6021 OLD COURT RD #1107  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete  
Name: AFTON, ROBERT  
Address: 8310 HAVERHILL EXT. ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: AFTON, ROBERT  
Address: 15800 LOXAHATCHEE RD  
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT AFTON

MGRM

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date