

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073888

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** TRADER HORN NURSERY & LANDSCAPING, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 10152  
WEST INDIANTOWN ROAD - SUITE 184  
JUPITER, FL 33478

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10152  
WEST INDIANTOWN ROAD - SUITE 184  
JUPITER, FL 33478

**New Mailing Address:**

FEI Number: 20-2470750      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WOLFE, HAROLD E JR. ESQ  
2300 PALM BEACH LAKES BOULEVARD, SUITE 302  
WEST PALM BEACH, FL 33409 US

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

ROY, WILEY E CPA  
711 W. INDIANTOWN ROAD  
STE A-4  
JUPITER, FL 33458 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: ROY WILEY

07/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAYE, JONATHAN D  
Address: P.O. BOX 10152/WEST INDIANTOWN ROAD #184  
City-St-Zip: JUPITER, FL 33478

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONATHAN KAYE

MGR

07/05/2005

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