

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90009 030 \*\*\*\*50.00

<b>DOCUMENT # L04000073888</b> 1. Entity Name <b>TRADER HORN NURSERY &amp; LANDSCAPING, L.L.C.</b>					
Principal Place of Business <b>P.O. BOX 10152 WEST INDIANTOWN ROAD - SUITE 184 JUPITER, FL 33478</b>			Mailing Address <b>P.O. BOX 10152 WEST INDIANTOWN ROAD - SUITE 184 JUPITER, FL 33478</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>10152 WEST INDIANTOWN RD</b> Suite, Apt. #, etc. <b>184</b>			
City & State  		City & State <b>JUPITER FLORIDA</b>		4. FEI Number <b>20-2470750</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33478</b>		Country <b>USA</b>		01112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROY, WILEY E CPA 711 W. INDIANTOWN ROAD STE A-4 JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAYE, JONATHAN D P.O. BOX 10152/WEST INDIANTOWN ROAD #184 JUPITER, FL 33478			<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10152 WEST INDIANTOWN ROAD #184 JUPITER, FL 33478			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jonathan D. Kaye</u> <span style="float: right;">1/10/07 746-6846</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					