2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # L04000076487 1. Entity Name HAPPY GREEN NURSERY & LANDSCAPING LLC							0049 012 ***1.	
Principal Plac	e of Business	Mailing Address		<u> </u>	\neg			
7331 SW 12 STREET		7331 SW 12 STREET		ļ	- 000069	ર ૧		
MIAMI, FL 33144		MIAMI, FL 33144			2002868	, ,	1	
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222005	Chg-LLC	CR2E083 (10/0	3)	
City & State		City & State		4. FEI Number	201786	702	Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	□ \$5.00 Fee Requ	Additional
	6. Name and Address of Current F	Registered Agent	1		7. Name and	Address of New Re		
	, , , ,		,	Name				
MARQUEZ, MARIA C 7331 SW 12 STREET MIAMI, FL 33144		Street Addres		ess (P.O. Box Number	r is Not Acceptable)		
,	00177							
	ester P. Se			City		-	FL Zip C	ode
6. The above		46		l ad office or resi	istered agent, or both	in the State of Flor	1	th, and accept
u ie obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed dilice or regi	patered agent, or oot	.,		
_	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office of regi	istored again, or both	,		
SIGNATURE .	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent as				quired when reinstating)		DATE	
SIGNATURE .	ions of registered agent.					Make	·	
SIGNATURE .	Signature, hipset or printed name of registered agent at the signature of	nd title if applicable. (NOTI				Make	DATE a check payable to Department of St	
SIGNATURE . FI DI	Signature, hybrid or printed name of registered agent at tilling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	nd title if applicable. (NOTI	E: Registered	d Agent signature rec		Make Florida	DATE a check payable to Department of St	ate
SIGNATURE . FI DO 9. IIILE NAME	Signature, typed or printed name of registered agent as S0.00 use by May 1, 2005 MANAGING MEMBER MARQUEZ, MARIA C	nd title if epplicable. (NOTI	E: Registered 10. TITLE NAME	d Agent signature rec		Make Florida	DATE check payable to Department of Stochanges	ate
SIGNATURE . FI DI	Signature, hybrid or printed name of registered agent at tilling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	nd title if epplicable. (NOTI	E: Registered 10. TITLE NAME STREE	d Agent signature rec		Make Florida	DATE check payable to Department of Stochanges	ate
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent as \$50.00 use by May 1, 2005 MANAGING MEMBER MARQUEZ, MARIA C 7331 SW 12 STREET MIAMI, FL :33144	nd title if epplicable. (NOTI	10. TITLE NAME STREI CITY-	d Agent signature rec		Make Florida	DATE check payable to Department of Stochanges	e Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.