

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2005 8:00 am
Secretary of State

05-02-2005 90363 029 ****50.00

DOCUMENT # L04000082132					
1. Entity Name EXOTIC AND TROPICAL NURSERY, LLC					
Principal Place of Business 5955 PONCE DE LEON BLVD. CHEN OFFICE CORAL GABLES, FL 33146			Mailing Address 5955 PONCE DE LEON BLVD. CHEN OFFICE CORAL GABLES, FL 33146		
2. Principal Place of Business 10835 SW 95 Street Suite, Apt. #, etc.			3. Mailing Address c/o Vincent Chen Suite, Apt. #, etc. 5955 Ponce de Leon Blvd		
City & State Miami Florida			City & State Coral Gables Florida		
Zip 33176		Country USA		Zip 33146	
Country USA		04202005 Chg-LLC CR2E083 (10/03)			
4. FEI Number 20-2185760				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CHEN, VINCENT 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER RENE SILVA 10885 SW 95 ST Coral Miami FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
SIGNATURE: Vincent Chen, Auth. & Rep 4/28/05 3056616561					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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