2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015511

Address:

City-St-Zip:

19400 SW 307 ST.

HOMESTEAD, FL 33031

Entity Name: OUT ON A LIMB NURSERY LLC

FILED Aug 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 24545 SW 192 AVE. HOMESTEAD, FL 33031 **Current Mailing Address: New Mailing Address:** 24545 SW 192 AVE HOMESTEAD, FL 33031 FEI Number: 11-3740408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D'AZEVEDO, JAMES D 24545 SW 192 AVE. HOMESTEAD, FL 33031 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete D'AZEVEDO, JAMES D Name: Name: Address: 24545 SW 192 AVE. Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FITCH, CHARLES Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES D'AZEVEDO MNGR 08/10/2008