2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016392

Entity Name: GLOBAL NURSERY LLC

Address:

City-St-Zip:

4210 COCONUT BLVD

W. PALM BEACH, FL 33411

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15591 40TH STREET NORTH LOXAHATCHEE, FL 33470 **Current Mailing Address: New Mailing Address:** 15591 40TH STREET NORTH LOXAHATCHEE, FL 33470 FEI Number: 20-2706277 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: Name and Address of New Registered Agent: FRACALOSSI, RONALD J MGRM 4210 COCONUT BLVD. WPB, FL 33411 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 YZAGUIRRE, ANDRES MGRM Name: Name: Address: 13399 DOUBLETREE CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: MGR () Delete Title: () Change () Addition YZAGUIRRE, SHARON MGR Name: Name: Address: 13399 DOUBLETREE CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 40 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FRACALOSSI, SHERRY B MGR Name: Name: 4210 COCONUT BLVD. Address: Address: City-St-Zip: W. PALM BEACH, FL 33411 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FRACALOSSI, RONALD J MGRM Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RONALD J. FRACALOSSI MGRM 05/01/2009