

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90231 004 ****50.00

DOCUMENT # L05000027781 1. Entity Name TROPICAL PALM AND NURSERY, LLC					
Principal Place of Business 736 UPLAND ROAD WEST PALM BEACH, FL 33401			Mailing Address 736 UPLAND ROAD WEST PALM BEACH, FL 33401		
2. Principal Place of Business 4050 Shorecrest Drive Suite, Apt. #, etc.		3. Mailing Address 4050 Shorecrest Drive Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando, Florida		02042006 Chg-LLC CR2E083 (11/05)	
Zip 32804 Country USA		Zip 32804 Country USA		4. FEI Number 550-89-4052	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHRISTIENSEN, PATRICK T ESQ 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Patrick T. Christiansen, Esquire Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 City Orlando FL Zip Code 32801		
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 2-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Patrick T. Christiansen Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sean C. Christiansen 4050 Shorecrest Drive Orlando, Florida 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 2/19/06 407-926-1921 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					