

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037498

FILED
Jul 09, 2007
Secretary of State

Entity Name: SUN-FIRE NURSERIES L.L.C.

Current Principal Place of Business:

7091 MYAKKA VALLEY TRAIL
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

7091 MYAKKA VALLEY TRAIL
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 20-2711478 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:

HIGGINS, TERRY
11414 57TH ST E
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

HIGGINS, TERRY C
11414 57TH ST E
PARRISH, FL 34219 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: TERRY C. HIGGINS

07/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIGGINS, TERRY
Address: 11414 57TH E
City-St-Zip: PARRISH, FL 34219

Title: MGRM (X) Delete
Name: HIGGINS, BRENT
Address: 26309 80TH DRIVE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGRM () Delete
Name: TRINGALI, RICHARD
Address: 24707 81ST AVENUE EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGRM () Delete
Name: HIGGINS, MARIANNE
Address: 3103 RIVERWOODS DR
City-St-Zip: PARRISH, FL 34219

Title: MGRM () Delete
Name: HIGGINS, TERRY L
Address: 3103 RIVER WOODS DR
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: TERRY C HIGGINS

PRES

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date