

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 15, 2008  
Secretary of State**

DOCUMENT# L05000042388

Entity Name: ROSWELL NURSERY'S LLC

**Current Principal Place of Business:**

12390 NE 75TH STREET  
BRONSON, FL 32621

**New Principal Place of Business:**

3745 NE 171 STREET  
UNIT 9  
NORTN MIAMI BEACH, FL 33160

**Current Mailing Address:**

12390 NE 75TH STREET  
BRONSON, FL 32621

**New Mailing Address:**

PO BOX 176  
WILLISTON, FL 32696

FEI Number: 34-2045053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERLOWITZ, JEFFREY ESQ.  
4000 HOLLYWOOD BLVD. SUITE 375S  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

AIDA, HERNANDEZ  
3745 NE 171 STREET  
UNIT 9  
NORTN MIAMI BEACH, FL 33160 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: AIDA HERNANDEZ

05/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUQUE, ANTONIO  
Address: 12390 NE 75TH STREET  
City-St-Zip: BRONSON, FL 32621

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERNANDEZ, AIDA  
Address: PO BOX 176  
City-St-Zip: WILLISTON, FL 32696

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: AIDA HERNANDEZ

MGR

05/15/2008

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