

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043229

Entity Name: 1 PALM NURSERY LLC

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

26805 SW 162 AVENUE
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

26805 SW 162 AVENUE
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, STEVEN R
26805 SW 162 AVENUE
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: WATERS, STEVEN R
Address: 26805 SW 162 AVENUE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: MGR () Delete
Name: WATERS, CHRISTINA G
Address: 26805 SW 162 AVENUE
City-St-Zip: HOMESTEAD, FL 33031 US

Title: MGR () Delete
Name: DEURRUTIA, LISA M
Address: 26805 SW 162 AVENUE
City-St-Zip: HOMESTEAD, FL 33031 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINA G. WATERS

MGR

04/05/2006

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