

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044477

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** SHADE TREE NURSERY, LLC

**Current Principal Place of Business:**

10791 184TH STREET  
MCALPIN, FL 32062

**New Principal Place of Business:**

**Current Mailing Address:**

10791 184TH STREET  
MCALPIN, FL 32062

**New Mailing Address:**

**FEI Number:** 59-3728728      **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:**

WHITE, FRANK  
10791 184TH STREET  
MCALPIN, FL 32062    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WHITE, FRANK  
Address: 10791 184TH STREET  
City-St-Zip: MCALPIN, FL 32062

Title: MGR  
Name: WHITE, JANE  
Address: 10791 184TH STREET  
City-St-Zip: MCALPIN, FL 32062

Title: MGR  
Name: WHITE, TOMMY E  
Address: 10791 184TH STREET  
City-St-Zip: MCALPIN, FL 32062

Title: MGR  
Name: WHITE, RONALD  
Address: 10791 184TH STREET  
City-St-Zip: MCALPIN, FL 32062

I hereby 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: FRANK WHITE

MGR

05/04/2010

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