

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044477

FILED  
Jun 12, 2012  
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 ( )**

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

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

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

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

Title: MGRM  
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: FRANKLIN WHITE

MGRM

06/12/2012

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