

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046998

FILED
May 04, 2006
Secretary of State

Entity Name: TIMUCUA TREE FARM & NURSERY, LLC

Current Principal Place of Business:

6720 N U.S. 1
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

98 SW 10 AVE.
BOCA RATON, FL 33486

New Mailing Address:

6720 N US 1
MIMS, FL 32754

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SHOUP, RYAN
98 SW 10 AVENUE
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

SHOUP, RYAN
6720 N US 1
MIMS, FL 32754 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: RYAN SHOUP

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHOUP, RYAN
Address: 98 SW 10 AVENUE
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: HAND, KIM
Address: 9150 SW 178 TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHOUP, RYAN
Address: 6720 N. US 1
City-St-Zip: MIMA, FL 32754

Title: MGRM (X) Change () Addition
Name: HAND, KIM
Address: 6720 N US 1
City-St-Zip: MIMS, FL 32754

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: RYAN SHOUP

MGRM

05/04/2006

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