2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000066319

Entity Name: COSTA NURSERY FARMS LLC

Current Principal Place of Business:

22290 SW 162 AVENUE
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

22290 SW 162 AVENUE
GOULDS, FL 33170

New Mailing Address:

FEI Number: 59-1229374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 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:	MGR	( ) Delete
Name:	SMITH, JOSE I	
Address:	22290 SW 162 AVENUE	
City-St-Zip:	GOULDS, FL 33170	
Title:	MGR	( ) Delete
Name:	COSTA, JOSE A III	
Address:	22290 SW 162 AVENUE	
City-St-Zip:	GOULDS, FL 33170	
Title:	MGR	( ) Delete
Name:	SUAREZ, ALBERTO J	
Address:	22290 SW 162 AVENUE	
City-St-Zip:	GOULDS, FL 33170	
Title:	MGR	( ) Delete
Name:	SMITH, MARIA C	
Address:	22290 SW 162 AVENUE	
City-St-Zip:	GOULDS, FL 33170	
Title:	MGR	( ) Delete
Name:	COSTA, JOSE A JR	
Address:	22290 SW 162 AVENUE	
City-St-Zip:	GOULDS, FL 33170	

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:	
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: JOSE SMITH MGR 04/27/2006

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