

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066319

FILED
Apr 26, 2007
Secretary of State

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:

SUAREZ, ALBERTO J
22290 SW 162 AVENUE
MIAMI, FL 33170 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: ALBERTO J SUAREZ

04/26/2007

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 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: ALBERTO J SUAREZ

MGR

04/26/2007

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