

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067992

FILED
Jul 05, 2006
Secretary of State

Entity Name: FORCE'S GREENHOUSE, L.L.C.

Current Principal Place of Business:

2812 W. KELLY PARK ROAD
APOPKA, F3 27125168

New Principal Place of Business:

Current Mailing Address:

2812 W. KELLY PARK ROAD
APOPKA, F3 27125168

New Mailing Address:

2812 W. KELLY PARK ROAD
APOPKA, F3 327125168 US

FEI Number: 20-3186873 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:

FORCE, FRANCIS B
2812 W KELLY PARK ROAD
APOPKA, FL 327125168 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: FORCE, FRANCIS B
Address: 2812 W KELLY PARK ROAD
City-St-Zip: APOPKA, FL 327125168

Title: MGR () Delete
Name: FORCE, QUYLESS Q
Address: 2812 W KELLY PARK ROAD
City-St-Zip: APOPKA, FL 327125168

ADDITIONS/CHANGES:

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: FRANCIS B FORCE

MGR

07/05/2006

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