# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 13, 2007**
**Secretary of State**

DOCUMENT# L05000075129

**Entity Name:** GIRARD WHOLESALE NURSERIES, LLC

**Current Principal Place of Business:**

1250 CENTRAL PARK DRIVE
SANFORD, FL 32771

**New Principal Place of Business:**

701 CODISCO WAY
SANFORD, FL 32771

**Current Mailing Address:**

P.O. BOX 1119
SANFORD, FL 327721119

**New Mailing Address:**

**FEI Number: 20-3255417** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RODGERS, RICHARD A
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: GIRARD, WILLIAM R
Address: 1250 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Delete
Name: GIRARD, RICHARD A
Address: 1250 CENTRAL PARK DRIVE
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GIRARD, WILLIAM R
Address: 701 CODISCO WAY
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change ( ) Addition
Name: GIRARD, RICHARD A
Address: 701 CODISCO WAY
City-St-Zip: SANFORD, FL 32771

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: SANDRA SCHICK CONT 04/13/2007

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