

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086488

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** TWIN OAKS NURSERY OF NAPLES, L.L.C.

**Current Principal Place of Business:**

1010 DOVE TREE STREET  
NAPLES, FL 34117 US

**New Principal Place of Business:**

**Current Mailing Address:**

1010 DOVE TREE STREET  
NAPLES, FL 34117 US

**New Mailing Address:**

**FEI Number:** 20-3412246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAU, ARNOLD JR.  
5341 TAMARIND RIDGE DRIVE  
NAPLES, FL 34119 US

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

PAU, ARNOLD JR.  
1010 DOVE TREE STREET  
NAPLES, FL 34117 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: ARNOLD PAU, JR.

04/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAU, ARNOLD JR.  
Address: 5341 TAMARIND RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAU, ARNOLD JR.  
Address: 1010 DOVE TREE STREET  
City-St-Zip: NAPLES, FL 34117 US

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: ARNOLD PAU, JR

MGRM

04/24/2006

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