

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086873

FILED
May 15, 2008
Secretary of State

Entity Name: TREE AMIGOS NURSERY, LLC

Current Principal Place of Business:

14201 S.W. 248TH STREET
REDLANDS, FL 33032

New Principal Place of Business:

21001 SW 167 AVE
MIAMI, FL 33187

Current Mailing Address:

14201 S.W. 248TH STREET
REDLANDS, FL 33032

New Mailing Address:

21001 SW 167 AVE
MIAMI, FL 33187

FEI Number: 20-3436659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SANDBERG, NEAL L ESQ.
2650 BISCAYNE BLVD.
MIAMI, FL 33137 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: D () Delete
Name: COLLAZO, RICARDO
Address: 21001 SW 167TH AVENUE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: HODGINS, TIM
Address: 21001 SW 167TH AVENUE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: CAMARAZA, JORGE
Address: 21001 SW 167TH AVENUE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: MESTRE, TOMAS A
Address: 21001 SW 167TH AVENUE
City-St-Zip: MIAMI, FL 33185

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:

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: RICARDO COLLAZO

D

05/15/2008

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