2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L05000088470

Entity Name: NATURE'S WAY WHOLESALE NURSERY, LLC

Current Principal Place of Business:

11201 DANKA CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716

New Principal Place of Business:

11201 CORPORATE CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716

Current Mailing Address:

11201 DANKA CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716

New Mailing Address:

11201 CORPORATE CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716

FEI Number: 20-3380582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITHSON, LISA
11201 DANKA CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

SMITHSON, LISA
11201 CORPORATE CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716 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: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITHSON, SHANNON
Address: 7485 HOBSON STREET NE
City-St-Zip: ST. PETERSBURG, FL 337025439

ADDITIONS/CHANGES:

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: SHANNON SMITHSON MGR 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date