2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

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Entity Name: RIVER BLUFF NURSERY, LLC

Current Principal Place of Business:

5293 NE MASTERS AVENUE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

5293 NE MASTERS AVENUE
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 20-3551860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINALDI, KIMBERLY M
5293 NE MASTERS AVENUE
ARCADIA, FL 34266 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
Name: RINALDI, WILLIAM A
Address: 5293 NE MASTERS AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: MGRM
Name: RINALDI, KIMBERLY M
Address: 5293 NE MASTERS AVENUE
City-St-Zip: ARCADIA, FL 34266

I hereby 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 Statues.

SIGNATURE: WILLIAM A. RINALDI MGR 02/20/2012

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