2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000111290

Entity Name: NORTH RIVER RANCH NURSERY, LLC

Current Principal Place of Business:

25110 BERNWOOD DRIVE
SUITE 101
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

25110 BERNWOOD DRIVE
SUITE 101
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-3808052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEMBRI, JENIFER S
240 S. PINEAPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 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: MGRM ( ) Delete
Name: SVOBODA, BRIT E
Address: 25110 BERNWOOD DRIVE; SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete
Name: RASMUS, MARK K
Address: 25110 BERNWOOD DRIVE; SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

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: BRIT E. SVOBODA MGRM 04/28/2009

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