

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000123017

Entity Name: LANCORE NURSERY LLC

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

123 NW 13TH STREET  
SUITE 221  
BOCA RATON, FL 334321619 US

**New Principal Place of Business:**

**Current Mailing Address:**

123 NW 13TH STREET  
SUITE 221  
BOCA RATON, FL 334321619 US

**New Mailing Address:**

FEI Number: 20-4000035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIDNEY, ATZMON  
123 NW 13TH STREET  
SUITE 221  
BOCA RATON, FL 334321619 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  
Name: SOKOLOW, ELLIOT P  
Address: 36 MINNETONKA ROAD  
City-St-Zip: SEA RANCH LAKES, FL 33308 US

Title: MGRM  
Name: MCDONALD, MERVYN  
Address: 95 S. FEDERAL HIGHWAY SUITE 204  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR  
Name: GARDYN, PAUL W  
Address: 123 NW 13TH STREET SUITE 221  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR  
Name: ATZMON, SIDNEY  
Address: 123 NW 13TH STREET SUITE 221  
City-St-Zip: BOCA RATON, FL 334321619

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 Statutes.

SIGNATURE: SIDNEY ATZMON

MGR

01/23/2011

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