

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000351

FILED
Apr 14, 2008
Secretary of State

Entity Name: GULFCOAST NURSERIES, LLC

Current Principal Place of Business:

5701 FT. DENAUD ROAD
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2357
LABELLE, FL 33975

New Mailing Address:

FEI Number: 27-0143024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, BRYAN W
5701 FT. DENAUD ROAD
LABELLE, FL 33935 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: P () Delete
Name: PAUL, BRYAN W
Address: 5701 FT. DENAUD RD.
City-St-Zip: LABELLE, FL 33935

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: BRYAN W. PAUL

MGRM

04/14/2008

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