

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010633

Entity Name: MMW NURSERIES, LLC

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

15999 SE 36TH AVENUE
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

PO BOX 1200
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 20-4211239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIAM W
15999 SE 36TH AVE
SUMMERFIELD, FL 34491 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 () Delete
Name: JONES, WILLIAM W
Address: 15999 SE 36TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGR () Delete
Name: WEEKLEY, MATTHEW
Address: 7495 SE 105TH PLACE
City-St-Zip: BELLEVIEW, FL 34420

Title: MGR (X) Delete
Name: FINN, MARK
Address: 5216 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: WILLIAM W JONES

MGR

03/31/2007

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