2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State
07-20-2007 90040 030 ****50.00

DOCUMENT # L06000011222

1. Entity Name
SOUTHEASTERN NURSERIES, LLC

Principal Place of Business	Mailing Address
6403 PARK LANE LAKE WALES FL 33853	P.O. BOX 4034 LAKE WALES FL 33898

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
106 EGG FARM ROAD	P.O. BOX 3966
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WALES FL	City & State: LAKE WALES FL
Zip: 33859 Country: ~~[illegible]~~ USA	Zip: 33859 Country: USA

4. FEI Number: 20-4221588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KINCAID, ROBERT W		NAME		
STREET ADDRESS	6403 PARK LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VAUGHAN, JAMES P		NAME		
STREET ADDRESS	6403 PARK LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Robert W. Kincaid 7/11-07 863-528-2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #