


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # L06000015111 1. Entity Name ROADSIDE NURSERY, LLC |  |
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| Principal Place of Business 805 S E 3RD COURT OKEECHOBEE, FL 34974 | Mailing Address 805 S E 3RD COURT OKEECHOBEE, FL 34974 |
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03072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-4282475 | Applied For Not Applicable |
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|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WORD, CARROL 805 SE 3RD COURT OKEECHOBEE, FL 34974 |
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| DO NOT WRITE IN THIS SPACE |
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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 \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WORD, CARROL 805 SE 3RD COURT OKEECHOBEE, FL 34974 |
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| <p>U000000898079 04/25/08-80074-011 143.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Carol Word 4-10-08 863-610-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #