



FILED
May 31, 2007 8:00 am
Secretary of State

04-24-2007 90115 010 ****55.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000027463					
1. Entity Name NURSERY CARTS, LLC					
Principal Place of Business 25225 SW 212TH AVE. HOMESTEAD, FL 33031			Mailing Address PO BOX 901387 HOMESTEAD, FL 33090-1387		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4462236 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				01122007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UZQUIANO, MICHAEL 21190 SW 248 STREET HOMESTEAD, FL 33031			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UZQUIANO, MICHAEL		NAME		
STREET ADDRESS	21190 SW 248 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, MICHAEL		NAME		
STREET ADDRESS	2720 NE 41 ROAD		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: 			Date: 04/20/07 305-246-0653		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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