

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 27, 2009
Secretary of State**

DOCUMENT# L06000027463

Entity Name: NURSERY CARTS, LLC

Current Principal Place of Business:

25225 SW 212TH AVE.
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

PO BOX 901387
HOMESTEAD, FL 330901387

New Mailing Address:

FEI Number: 20-4462236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UZQUIANO, MICHAEL
21190 SW 248 STREET
HOMESTEAD, FL 33031 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: UZQUIANO, MICHAEL
Address: 21190 SW 248 STREET
City-St-Zip: HOMESTEAD, FL 33031

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: MICHAEL UZQUIANO PRES 01/27/2009

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