

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048490

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** ARBOR LANE WHOLESALE NURSERY LLC

**Current Principal Place of Business:**

2636 BRUNER DAIRY RD  
VERNON, FL 32462

**New Principal Place of Business:**

**Current Mailing Address:**

2636 BRUNER DAIRY RD  
VERNON, FL 32462

**New Mailing Address:**

**FEI Number:** 04-3839031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEVEN, KEATOR S  
2636 BRUNER DAIRY RD  
VERNON, FL 32462 US

**Name and Address of New Registered Agent:**

STEVEN, KEATOR S  
2626 BRUNER DAIRY RD  
VERNON, FL 32462 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KEATOR, STEVEN S  
Address: 2636 BRUNER DAIRY RD  
City-St-Zip: VERNON, FL 32462

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KEATOR, STEVEN S  
Address: 2626 BRUNER DAIRY RD  
City-St-Zip: VERNON, FL 32462

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: STEVEN KEATOR

MGR

04/07/2009

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