2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073938

FILED Jan 15, 2009 Secretary of State

Entity Name: SOUTHERN GARDENS CITRUS NURSERY, LLC

Current Principal Place of Business: New Principal Place of Business: 111 PONCE DE LEON AVE CLEWISTON, FL 33440 **Current Mailing Address: New Mailing Address:** 111 PONCE DE LEON AVE CLEWISTON, FL 33440 FEI Number: 20-5304265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNARD, GERARD A 111 PONCÉ DE LEON AVE CLEWISTON, FL 33440 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete KRESS, RICKE MR. Name: Name: Address: 111 PONCE DE LEON AVE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SNIVELY, JAMES A MR. Name: Address: 111 PONCE DE LEON AVENUE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: () Delete Title: () Change () Addition BERNARD, GERARD A MR. Name: Name: 111 PONCE DE LEON AVENUE Address: Address: City-St-Zip: CLEWISTON, FL 33440 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: GERARD A. BERNARD ST 01/15/2009