

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077150

Entity Name: BOTANICA GROUP LLC

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

11300 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716 US

## Current Mailing Address:

11300 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716 US

## New Principal Place of Business:

1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607 US

## New Mailing Address:

1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607 US

FEI Number: 20-5346563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLAST POINT GROUP LLC  
11300 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716 US

## Name and Address of New Registered Agent:

BALLAST POINT GROUP LLC  
1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607 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:

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BALLAST POINT GROUP LLC  
Address: 11300 FOURTH STREET NORTH SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BALLAST POINT GROUP LLC  
Address: 1511 N. WESTSHORE BLVD., STE 300  
City-St-Zip: TAMPA, FL 33607 US

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: DARIAN W. JOHNSON

P

04/14/2009

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