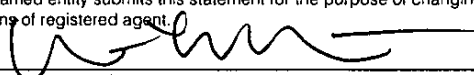
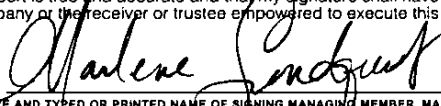


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90348 010 ****50.00

DOCUMENT # L06000082703 1. Entity Name SEEDLINGS MANUFACTURING LLC			
Principal Place of Business 4110 WEST HORATIO STREET TAMPA, FL 33609		Mailing Address 4110 WEST HORATIO STREET TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc. City & State Zip Country Koehler & Company, P.A. 401 North Howard Avenue Tampa, FL 33606 04302007 Chg-LLC CR2E083 (12/06)			
4. FEI Number 20-5587409		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ANGELICI, LINA ESQ. WILLIAMS SCHIFINO MANGIONE & STEADY P.A. ONE TAMPA CITY CENTER, STE. 2600 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Address Koehler & Company, P.A. 401 North Howard Avenue Tampa, FL 33606 City Code Date			
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. SIGNATURE  4/30/07 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	