


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000086888
 1. Entity Name
PLANTS BY PROPHIT, LLC



Principal Place of Business 6029 AVOCADO DRIVE INDIAN LAKES ESTATES, FL 33855	Mailing Address P.O. BOX 7799 INDIAN LAKE ESTATES, FL 33855-7799
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5508884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRITTON, CHARLES P
 C/O WENDEL & CHRITTON, CHARTERED
 225 EAST LEMON STREET, SUITE 351
 LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

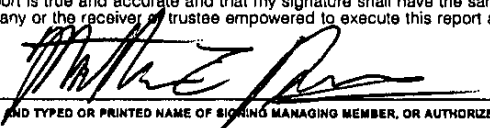
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROPHIT, MATTHEW E 6029 AVOCADO DRIVE INDIAN LAKES ESTATES, FL 33855
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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:  **1-19-08** **863-860-2779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #