


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90279 034 \*\*\*\*55.00

<b>DOCUMENT # L06000112294</b>					
<b>1. Entity Name</b> <b>BUTTERFLY GARDENS FLORIST, LLC</b>					
<b>Principal Place of Business</b> 14255 POWELL ROAD BROOKSVILLE, FL 34604 US S.H. 34609			<b>Mailing Address</b> 13291 HAVERHILL DRIVE SPRING HILL, FL 34609 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 14255 Powell Rd		<b>3. Mailing Address</b> 13291 HAVERHILL DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> SPRING HILL Fla		<b>City &amp; State</b> S.H. , Fla.		<b>4. FEI Number</b> 20-5934025	
<b>Zip</b> 34609		<b>Country</b> HERNANDO		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> SEGUINE, JILL J 13291 HAVERHILL DRIVE SPRING HILL, FL 34609			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<b>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.</b> SIGNATURE <u>JILL SEGUINE</u> <span style="float: right;">2-12-07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> SEGUINE, JILL J 13291 HAVERHILL DRIVE SPRING HILL, FL 34609		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>JILL SEGUINE</u>			Date <u>2/12/07</u>		Cell # <u>352 650 6987</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					