



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90018 014 ***138.75

DOCUMENT # L07000027566 1. Entity Name SUNCOAST NURSERY & SUPPLY, LLC					
Principal Place of Business 147 COLUMBUS STREET PORT ST. JOE, FL 32456 US				Mailing Address P.O. BOX 123 PORT ST. JOE, FL 32457 US	
2. Principal Place of Business - No P.O. Box # 2890 Hwy. 98		3. Mailing Address P.O. Box 123			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St. Joe, FL		City & State Port St. Joe, FL			
Zip 32456		Country US		4. FEI Number 20-8627831	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		03272008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVENUE PORT ST. JOE, FL 32456				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, JESSICA 147 COLUMBUS STREET PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, NADINE P.O. BOX 123 PORT ST. JOE, FL 32456	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Nadine Lee</i> Nadine Lee	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date March 26, 2008 Daytime Phone # 850-227-3268	