

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032878

FILED  
Jul 12, 2008  
Secretary of State

Entity Name: BROCKWOOD NURSERY LLC

**Current Principal Place of Business:**

37079 CREPE MYRTLE LANE  
HILLIARD, FL 32046 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 459  
HILLIARD, FL 32046

**New Mailing Address:**

FEI Number: 20-8755951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

**Name and Address of New Registered Agent:**

DES ISLETS, SUSAN M MRS.  
37079 CREPE MYRTLE LANE  
HILLIARD, FL 32046 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: SUSAN M. DES ISLETS

07/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DES ISLETS, STEVEN L  
Address: 37079 CREPE MYRTLE LANE  
City-St-Zip: HILLIARD, FL 32046 US

Title: MGRM ( ) Delete  
Name: DANIELS, JOHN E  
Address: 37079 CREPE MYRTLE LANE  
City-St-Zip: HILLIARD, FL 32046 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN L DES ISLETS

MGRM

07/12/2008

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