2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L07000044614

Entity Name: FORT MCCOY NURSERY, LLC

Current Principal Place of Business:

10865 NE 210TH STREET
FT MCCOY, FL 32134 US

New Principal Place of Business:

Current Mailing Address:

1935 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 30-0416683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAVERMAN, STANLEY
1935 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BRAVERMAN, STANLEY
Address: 1935 E HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: MGRM ( ) Delete
Name: LANCE, RIMEL
Address: 41811 SCOTTSMAN WAY
City-St-Zip: WEIRSDALE, FL 32195 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: STANLEY BRAVERMAN MGRM 03/30/2009

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