2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# L07000051148

Entity Name: CHIAPPINI FARM NATIVE NURSERY LLC

Current Principal Place of Business:

150 CHIAPPINI FARM RD.
HAWTHORN, FL 32640

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 436
MELROSE, FL 32666

New Mailing Address:

FEI Number: 26-0251011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIAPPINI, HAL D
150 CHIAPPINI FARM RD.
HAWTHORN, FL 32640 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
Name: CHIAPPINI, MARILYN P
Address: 150 CHIAPPINI FARM RD.
City-St-Zip: HAWTHORN, FL 32640

Title: MGRM
Name: CHIAPPINI, HAL D
Address: 150 CHIAPPINI RD
City-St-Zip: HAWTHORN, FL 32640

I hereby 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 Statues.

SIGNATURE: DAVID CHIAPPINI MGRM 01/04/2011

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