2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 07000054985

FILED Jul 25, 2008 8:00 am Secretary of State 04-28-2008 90054 005 ***138.75

1. Entity Name FRANCHISE GREENHOUSE, LLC			<u> </u>				
Principal Place of Business 2121 VISTA PARKAWY WEST PALM BEACH, FL 33411 US	Mailing Address 2121 VISTA PARKAWY WEST PALM BEACH, FL 334	eri US	1138/141/181/	CORA JEDIK FOLIJI O BILLI BRIJ	300105		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042008	Chg-LLC	CR2E083 (12/06)		
City & State	City & State		4. FEI Numbe	16-023	~~ / ~	plied For t Applicable	
Zip Country	Zip Co	ountry	5. Certificate	of Status Desired	\$5.00 Add		
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
CARY, DAVID E 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411			Street Address (P.O. Box Number is Not Acceptable)				
MEST LYPIN DEWOLL' LE 22411							
t.		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 Signature, typed or princed name of registered agent and tile is applicable. (NOTE: Registered Agent algreiture required when reinstating) CATE							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.	75				e check payable to a Department of State	•	
T:		10.		ADDITIONS			
ITTLE MGR NAME TITUS, RAY STREET ADDRESS 2121 VISTA PARKWAY GITY-SI-ZIP WEST PALM BEACH, FL 3341	3333	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TIFLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		TITLE RAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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 path; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:							