

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063242

FILED
Jan 24, 2008
Secretary of State

Entity Name: TREE HUGGERS LANDSCAPING & NURSERY LLC

Current Principal Place of Business:

13615 61ST STREET
WEST PALM BEACH, FL 33412

New Principal Place of Business:

13615 61 LANE NORTH
WEST PALM BEACH, FL 33412

Current Mailing Address:

13615 61ST STREET
WEST PALM BEACH, FL 33412

New Mailing Address:

P O BOX 703
LOXAHATCHEE, FL 33470

FEI Number: 26-0580247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
WESTON, FL 33331 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: LALONDE, TIMOTHY
Address: P.O. BOX 703
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: LALONDE, LEANNE
Address: P.O. BOX 703
City-St-Zip: LOXAHATCHEE, FL 33470

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: LEANNE LALONDE

MGRM

01/24/2008

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