

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063783

FILED
Jan 14, 2009
Secretary of State

Entity Name: 1060 NURSERY ROAD, LLC

Current Principal Place of Business:

1060 NURSERY ROAD
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1060 NURSERY ROAD
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 26-0559720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, ROBLEY R
1060 NURSERY ROAD
WINTER SPRINGS, FL 32708 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: BRUCE, ROBLEY R
Address: 1657 WINDY BLUFF POINT
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: SMITH, DAN FULTON
Address: 721 PALOS WAY
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: MCNEIL, MIKE
Address: 48 DIAL AVE.
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

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

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: MIKE MCCNEIL

MGR

01/14/2009

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