

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000068221

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** BURNETT'S WHOLESale NURSERY, LLC

**Current Principal Place of Business:**

4808 18TH STREET EAST  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

4808 18TH STREET EAST  
BRADENTON, FL 34203

**New Mailing Address:**

**FEI Number:** 65-0843004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BURNETT, MICHAEL S MGRM  
4808 18TH STREET EAST  
BRADENTON, FL 34203 US

**Name and Address of New Registered Agent:**

BURNETT, MICHAEL MGRM  
4808 18TH STREET EAST  
BRADENTON, FL 34203 US

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:** MICHAEL S BURNETT

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BURNETT, MICHAEL S MGRM  
**Address:** 4808 18TH STREET EAST  
**City-St-Zip:** BRADENTON, FL 34203

**Title:** MGRM  
**Name:** BURNETT, MARK H  
**Address:** 4808 18TH STREET EAST  
**City-St-Zip:** BRADENTON, FL 34203

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 Statutes.

**SIGNATURE:** MICHAEL S BURNETT

MGRM

02/16/2011

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