

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 014 ***138.75

| | | | | | |
|--|---|---------|--|---|---|
| DOCUMENT # L07000085496 1. Entity Name GOOD NEIGHBORS NURSERY, LLC | | | |  | |
| Principal Place of Business 8258 SADDLER RD MT. DORA, FL 32757 | | | Mailing Address 8258 SADDLER RD MT. DORA, FL 32757 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 03112008 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 26-0776659 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEE, BYUNG C 8258 SADDLER RD MT. DORA, FL 32757 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEE, BYUNG C 1017 PARKSIDE POINTE BLVD APOPKA, FL 32712 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEE, EVE K 1017 PARKSIDE POINTE BLVD APOPKA, FL 32712 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | 3.19.08 <small>Date Daytime Phone #</small> | |

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