

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088083

Entity Name: HOLLY'S NURSERY, LLC

FILED  
Mar 27, 2008  
Secretary of State

## Current Principal Place of Business:

1518 CEDAR GROVE TERRACE  
ORANGE PARK, FL 32003 US

## New Principal Place of Business:

## Current Mailing Address:

1518 CEDAR GROVE TERRACE  
ORANGE PARK, FL 32003 US

## New Mailing Address:

FEI Number: 26-0798570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBERS, HOLLY A  
1518 CEDAR GROVE TERRACE  
ORANGE PARK, FL 32003 US

## Name and Address of New Registered Agent:

MANTOR, MELINDA L  
698 TARA FARMS DR.  
MIDDLEBURG, FL 32068 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: MELINDA MANTOR

03/27/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALBERS, TROY W  
Address: 1518 CEDAR GROVE TERRACE  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM ( ) Delete  
Name: ALBERS, HOLLY A  
Address: 1518 CEDAR GROVE TERRACE  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM ( ) Delete  
Name: MANTOR, THOMAS F  
Address: 698 TARA FARMS DR.  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: MGRM ( ) Delete  
Name: MANTOR, MELINDA L  
Address: 698 TARA FARMS DR.  
City-St-Zip: MIDDLEBURG, FL 32068 US

## 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:

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: MELINDA MANTOR

MGRM

03/27/2008

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