2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L07000088083

Entity Name: HOLLY'S NURSERY, LLC

Current Principal Place of Business:

1518 CEDAR GROVE TERRACE
ORANGE PARK, FL 32003 US

New Principal Place of Business:

180 PINE ISLAND ROAD
ST. AUGUSTINE, FL 32095 US

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:

MANTOR, MELINDA L
698 TARA FARMS DR.
MIDDLEBURG, FL 32068 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:	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 03/30/2009

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