

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090174

FILED
Apr 24, 2008
Secretary of State

Entity Name: BDF POWERLINE NURSERY, LLC

Current Principal Place of Business:

30701 GLENN DRIVE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

30701 GLENN DRIVE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 26-0830660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIKO, STEVE A
30701 GLENN DRIVE
TAVARES, FL 32778 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: MGR () Delete
Name: BIKO, STEVE A
Address: 30701 GLENN DRIVE
City-St-Zip: TAVARES, FL 32778

Title: MGRM () Delete
Name: DAVIES, DAVID
Address: 14494 MILLHOPPER ROAD
City-St-Zip: JACKSONVILLE FL, FL 32258

Title: MGRM () Delete
Name: BIKO, LINDA S
Address: 30701 GLENN DRIVE
City-St-Zip: TAVARES, FL 32778

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: STEVE A BIKO

MGR

04/24/2008

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