2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000090174

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 05/01/2009

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