2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000096783

Entity Name: FLORIDA FANCY NURSERY, LLC

Current Principal Place of Business:

1464 STALLION DRIVE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

1464 STALLION DRIVE
LOXAHATCHEE, FL 33470

New Mailing Address:

P.O. BOX 538
LOXAHATCHEE, FL 33470

FEI Number: 14-2007834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZZARELLA, STEVEN
1464 STALLION DRIVE
LOXAHATCHEE, FL 33470 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: MAZZARELLA, STEVEN
Address: 1464 STALLION DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM ( ) Delete
Name: MAZZARELLA, STEPHANIE
Address: 1464 STALLION DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAZZARELLA, STEVEN
Address: P.O. BOX 538
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM (X) Change ( ) Addition
Name: MAZZARELLA, STEPHANIE
Address: P.O. BOX 538
City-St-Zip: LOXAHATCHEE, FL 33470

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: STEVEN MAZZARELLA MGRM 04/30/2008

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