2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2008
Secretary of State

DOCUMENT# L07000101509

Entity Name: ARCHIE HAMLIN NURSERY, LLC

Current Principal Place of Business:

420 7TH AVE. NE
RUSKIN, FL 335703602

New Principal Place of Business:

Current Mailing Address:

420 7TH AVE. NE
RUSKIN, FL 335703602

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHWW, INC.
390 N. ORANGE AVE. SUITE 1500
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: FAGOT, CAROL H
Address: 420 7TH AVE NE
City-St-Zip: RUSKIN, FL 33570

Title: MG ( ) Change (X) Addition
Name: FAGOT, ARCHIE D
Address: 420 7TH AVE NE
City-St-Zip: RUSKIN, FL 33570

Title: MG ( ) Change (X) Addition
Name: GRAMLING, CHRISTOPHER H
Address: 420 7TH AVE NE
City-St-Zip: RUSKIN, FL 33570

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: CHRIS GRAMLING MG 03/16/2008

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