

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120215

FILED
Apr 22, 2008
Secretary of State

Entity Name: MEDALLION CONTAINER NURSERIES, LLC

Current Principal Place of Business:

15100 QUAIL ROOST DRIVE
MIAMI, FL 33178 US

New Principal Place of Business:

15100 QUAIL ROOST DRIVE
MIAMI, FL 33187 US

Current Mailing Address:

15100 QUAIL ROOST DRIVE
MIAMI, FL 33178 US

New Mailing Address:

15100 QUAIL ROOST DRIVE
MIAMI, FL 33187 US

FEI Number: 51-0657833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSMAN, JACK A
15100 QUAIL ROOST DRIVE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

OSMAN, JACK A
15100 QUAIL ROOST DRIVE
MIAMI, FL 33187 US

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: JACK A OSMAN

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OSMAN, JACK A
Address: 15100 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33178 US

Title: MGR () Delete
Name: CABERIZO, THOMAS
Address: 6340 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OSMAN, JACK A
Address: 15100 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33187 US

Title: MGR (X) Change () Addition
Name: CABRERIZO, THOMAS
Address: 6340 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143 US

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: JACK A OSMAN

MGRM

04/22/2008

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