2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030014

City-St-Zip:

Entity Name: BELLEAIR NURSERY LLC

FILED Feb 10, 2009 Secretary of State

Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:		
	ARWATER-LARGO ROAD ATER, FL 33756				
Current Mailing Address:		New Mailing Address:			
	ARWATER-LARGO ROAD ATER, FL 33756				
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)		Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:			
1358 S MIS CLEARWA	I. RUBAII, P.A. SSOURI AVE ATER, FL 33756 US named entity submits this statement for the	purpose of changing	its registe	ered office or registered agent, or both	
	e of Florida. ´		Ŭ		
SIGNATU	RE:				
	Electronic Signature of Registered Ag	gent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () Delete PAULINO, LAZARO 1687 CLEARWATER-LARGO ROAD CLEARWATER, FL 33756	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	() Delete	Title: Name: Address:		() Change (X) Addition ZA-ALAMILLA, EPIFANIA .EARWATER-LARGO ROAD	

City-St-Zip: CLEARWATER, FL 33756

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: LAZARO PAULINO MGR 02/10/2009