

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003922

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** CONSOLIDATED NURSERIES, LLC

**Current Principal Place of Business:**

3300 HENDERSON BLVD., STE. 105  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3300 HENDERSON BLVD., STE. 105  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 26-4042321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAHUM, JOSEPH PETER  
3300 HENDERSON BLVD., STE. 105  
TAMPA, FL 33609 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:** PRES  
**Name:** SHAHUM, JOSEPH PETER  
**Address:** 3300 HENDERSON BLVD., SUITE 105  
**City-St-Zip:** TAMPA, FL 33609

**Title:** VP  
**Name:** JACOBSON, TODD  
**Address:** 3300 HENDERSON BLVD SUITE 105  
**City-St-Zip:** TAMPA, FL 33609

I hereby 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:** JOE SHAHUM

PRES

03/02/2012

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