

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000075701

FILED
Feb 18, 2011
Secretary of State

Entity Name: NORTH FLORIDA NURSERIES OF JEFFERSON COUNTY, LLC

Current Principal Place of Business:

US 19 SOUTH
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 697
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 26-4719093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESHEARS, HALSEY W
2225 S JEFFERSON
MONTICELLO, FL 32344 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
Name: BESHEARS, HALSEY W
Address: PO. BOX 755
City-St-Zip: MONTICELLO, FL 32345

Title: MGR
Name: BESHEARS, THAD H
Address: PO BOX 160
City-St-Zip: MONTICELLO, FL 32345

Title: MGR
Name: BESHEARS, ROB H
Address: PO BOX 160
City-St-Zip: MONTICELLO, FL 32345

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: HALSEY W. BESHEARS

MGRM

02/18/2011

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