
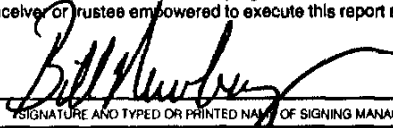


**FILE NOW: Fee after May 1, will be \$588.75**

|   |                           |   |  |   |  |
|---|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1997  |                           |    |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>FILED</b><br>97 MAY -2 AM 10:34<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |                           |   |  |   |  |
| <b>FILING FEE</b><br>\$ 203.75  |                           | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee<br><b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b> |  |   |  |
| 1. Name and Mailing Address<br>of Limited Liability Company   |                           | <b>DOCUMENT #L94000000673</b>   |  |   |  |
| OAK FARMS NURSERIES LANDSCAPE SUPPLY L.C.<br>850 N. INDIANA AVE.<br>ENGLEWOOD FL 34223  |                           | 1a. Principal Place of Business Address<br>850 N. INDIANA AVE.<br>ENGLEWOOD FL 34223  |  |   |  |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.  |                           |   |  |   |  |
| 2. Principal Place of Business  |                           | 2a. Mailing Address   |  | 3. Date Organized or Qualified  |  |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.   |  | 2/08/1994   |  |
| City & State  |                           | City & State  |  | 4. FEI Number   |  |
| Zip   |                           | Zip   |  | 65-0539573  |  |
| Country   |                           | Country   |  | 5. Date of Last Report  |  |
|   |                           |   |  | 06/24/1996  |  |
| 7. Name and Address of Current Registered Agent   |                           | 8. Name and Address of New Registered Agent   |  |   |  |
| NEWBERRY, BILLY<br>850 N. INDIANA AVE.<br>ENGLEWOOD FL 34223  |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>FL Zip Code                    |  |   |  |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  |                           |   |  |   |  |
| SIGNATURE _____ DATE _____<br>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)   |                           |   |  |   |  |
| 10. Title   | Managing Members/Managers | Business Street Address   |  | City, State and Zip Code  |  |
| MGRM  | OAK FARMS NURSERY IN,     | 850 N. INDIANA AVE.   |  | ENGLEWOOD FL  |  |
| MGRM  | MORRISON, DALE            | 850 N. INDIANA AVE.   |  | ENGLEWOOD FL  |  |
|   |                           |   |  | 400002172254--7<br>-05/08/97--( 55--003<br>*****203.75 *****203.75<br>JB5-7-97                            |  |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address. |                           |   |  |   |  |
| SIGNATURE:   |                           | BILLY NEWBERRY  |  | 430-97 473-1403   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   |                           | Date  |  | Daytime Phone #   |  |