


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -7 PM 5:04	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000673		1a. Principal Place of Business Address	
OAK FARMS NURSERIES LANDSCAPE SUPPLY L.C. 850 N. INDIANA AVE. ENGLEWOOD FL 34223				850 N. INDIANA AVE. ENGLEWOOD FL 34223	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/08/1994	
City & State		City & State		4. FEI Number	
Zip		Country		65-0539573	
				5. Date of Last Report	
				05/02/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
NEWBERRY, BILLY 850 N. INDIANA AVE. ENGLEWOOD FL 34223		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		Zip Code			
		FL			
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 is attached with an address.

SIGNATURE: 

SIGNATURE AND TYPE (OR PRINT) OF NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

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****188.75 ****188.75