


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 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  <b>THE WILLOWS NURSERY, L.C. 5680 SABAL PALM LANE PUNTA GORDA FL 33982</b>		<b>DOCUMENT #</b> L95000000422	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified  06/06/1995		3a. State of Formation  FL	
4. FEI Number  65-0596810		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  05/07/1997		6. Certificate of Status Desired  \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  COLLIER, CLAUDE "JIM" H 5680 SABAL PALM LANE PUNTA GORDA FL 33982		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) 200002498492-- 2 Suite, Apt. #, etc. -04/23/98--01116--009 ****188.75 ****188.75 City 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 _____ (Registered Agent Accepting Appointment)		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COLLIER, CLAUDE "JIM"	5680 SABAL PALM LANE	PUNTA GORDA FL
MEM	COLLIER, KAREN M	5680 SABAL PALM LANE	PUNTA GORDA FL
MEM	COLLIER, TARA L	2844 MORNINGSIDE DRIVE	TALLAHASSEE FL
MEM	COLLIER, DALE H	1414 LAKE HIGHLAND DRIVE	ORLANDO 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CLAUDE H. COLLIER

Date

Daytime Phone #

4/12/98 941-575-6778

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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