


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 22 AM 10:37	
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 THE WILLOWS NURSERY, L.C. 5680 SABAL PALM LANE PUNTA GORDA FL 33982 <i>94-AR CM</i>				DOCUMENT # L95000000422	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3a. Principal Place of Business Address 5680 SABAL PALM LANE PUNTA GORDA FL 33982 3. Date Organized or Qualified 06/06/1995 3a. State of Formation FL 4. FEI Number 65-0596810 5. Date of Last Report 04/15/1998 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
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) 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 _____ DATE _____ <small>(If Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required if New Registered Agent)</small>					
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	5680 SABAL PALM LANE		PUNTA GORDA FL	
MEM	COLLIER, DALE H	5680 SABAL PALM LANE		PUNTA GORDA FL	
		2844 MORNINGSIDE DRIVE		TALLAHASSEE FL	
		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: <i>Karen L. Harris</i> 2-26-99 941-628-6178 <small>SIGNATURE AND FILING OF PRINTED NAME OF SECRETARY/MANAGING MEMBER REQUIRED</small>					