


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90159 021 ****50.00

DOCUMENT # L95000000422	
1. Entity Name THE WILLOWS NURSERY, L.C.	

Principal Place of Business 5680 SABAL PALM LANE PUNTA GORDA FL 33982	Mailing Address 5680 SABAL PALM LANE PUNTA GORDA FL 33982
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24012830



MOORE CR2E083 (11/03)

2. Principal Place of Business 6149 George Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

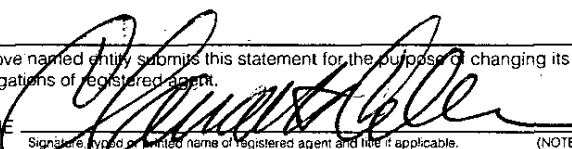
City & State Punta Gorda, FL	City & State
Zip 33982	Country

4. FEI Number 65-0596810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLIER, CLAUDE "JIM" H 5680 SABAL PALM LANE PUNTA GORDA FL 33982	
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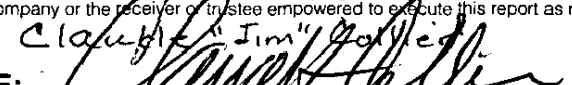
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLIER, CLAUDE "JIM" 5680 SABAL PALM LANE PUNTA GORDA FL 33982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLLIER, KAREN M 5680 SABAL PALM LANE PUNTA GORDA FL 33982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.	
SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #