

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000422

FILED
Feb 13, 2007
Secretary of State

Entity Name: THE WILLOWS NURSERY, L.C.

Current Principal Place of Business:

6149 GEORGE RD
PUNTA GORDA, FL 33982

New Principal Place of Business:

6167 GEORGE RD
PUNTA GORDA, FL 33982

Current Mailing Address:

P.O. BOX 511273
PUNTA GORDA, FL 339511273 US

New Mailing Address:

FEI Number: 65-0596810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, CLAUDE H
6149 GEORGE ROAD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

COLLIER, CLAUDE H
6167 GEORGE ROAD
PUNTA GORDA, FL 33982 US

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.

SIGNATURE:

02/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PG () Delete
Name: COLLIER, CLAUDE
Address: 6149 GEORGE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: GV () Delete
Name: COLLIER, KAREN M
Address: 6149 GEORGE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES:

Title: PG (X) Change () Addition
Name: COLLIER, CLAUDE H
Address: 6167 GEORGE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: GV (X) Change () Addition
Name: COLLIER, KAREN M
Address: 6167 GEORGE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDE H. COLLIER

PRES

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date