


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 28 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #			
TROPICAL NURSERY FARMS, L.C. 25300 S.W. 202ND AVENUE HOMESTEAD FL 33031		L95000000882			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		1a. Principal Place of Business Address			
		25300 S.W. 202ND AVENUE HOMESTEAD FL 33031			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>		11/15/1995	
<small>City & State</small>		<small>City & State</small>		FL	
<small>Zip</small>		<small>Zip</small>		4. FET Number	
<small>Country</small>		<small>Country</small>		65-0618854	
				5. Date of Last Report	
				09/17/1996	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<input checked="" type="checkbox"/> SB 75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
PIOUCHA, J. M ATKINSON, DINER, STONE & MANKUTA, P. 1946 TYLER STREET HOLLYWOOD FL 33022			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 4000002163134 -05/02/97--01057--001 City ***212.50 ***212.50 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>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	ALPHA BOTANICAL, INC.	02ND AVENUE		HOMESTEAD FL	
MGRM	CAMPBELLS FOLIAGE, INC	17425 S.W. 275TH STREET		HOMESTEAD FL	
MGRM	FOLIAGE FOREST, INC.	17350 S.W. 248TH STREET		HOMESTEAD FL	
MGRM	SPRENGERS AND DRATH, I	23245 S.W. 162ND AVENUE		HOMESTEAD FL	
B429-97					
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: _____		DON P. CHIN		4/25/97 (305) 47-5575	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>		<small>Daytime Phone #</small>	