

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90457 035 \*\*\*\*\*50.00

**DOCUMENT # L95000000882**

1. Entity Name

TROPICAL NURSERY FARMS, L.C.



Principal Place of Business

25300 S.W. 202ND AVENUE  
HOMESTEAD FL 33031

Mailing Address

25300 S.W. 202ND AVENUE  
HOMESTEAD FL 33031

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0618854

Applied For

Not Applicable

5. "Certificate of Status" Desired ☐ - \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLOUCHA, L. M  
ATKINSON, DINER, STONE & MANKUTA, P.A.  
1946 TYLER STREET  
HOLLYWOOD FL 33022-2088

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME ALPHA BOTANICAL, INC.  
STREET ADDRESS 25300 S.W. 202ND AVENUE  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME CAMPBELLS FOLIAGE, INC.  
STREET ADDRESS 17425 S.W. 275TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME FOLIAGE FOREST, INC.  
STREET ADDRESS 17350 S.W. 248TH STREET  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME SPRENGERS AND DRATH, INC.  
STREET ADDRESS 23245 S.W. 162ND AVENUE  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SPRENGER'S DRATH INC  
JIM EVELYN

4/16/04 305-2489580

Date

Daytime Phone #