2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2006
Secretary of State

DOCUMENT# L95000000882

Entity Name: TROPICAL NURSERY FARMS, L.C.

Current Principal Place of Business:

25300 S.W. 202ND AVENUE
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

25300 S.W. 202ND AVENUE
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 65-0618854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLOUCHA, L. M
ATKINSON, DINER, STONE & MANKUTA, P.A.
1946 TYLER STREET
HOLLYWOOD, FL 330222088 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ALPHA BOTANICAL, INC, .	
Address:	25300 S.W. 202ND AVENUE	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	MGRM	( ) Delete
Name:	CAMPBELLS FOLIAGE, I, NC.	
Address:	17425 S.W. 275TH STREET	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	MGRM	( ) Delete
Name:	FOLIAGE FOREST, INC.,	
Address:	17350 S.W. 248TH STREET	
City-St-Zip:	HOMESTEAD, FL 33031	
Title:	MGRM	( ) Delete
Name:	SPRENGERS AND DRATH,, INC.	
Address:	23245 S.W. 162ND AVENUE	
City-St-Zip:	HOMESTEAD, FL 33031	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DENISE TINLINE,SPRENGERS & DRATH MGR 04/02/2006

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