


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 08:00 AM
Secretary of State

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT# L98000001159 | | | |  | |
| 1. Entity Name ANZ EXOTIC FLOWERS & FOLIAGE, L.C. | | | | | |
| Principal Place of Business 14802 CAPTIVA DRIVE CAPTIVA FL 33924 | | | Mailing Address P.O. BOX 433 CAPTIVA FL 33924 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent BOYLE, JAMES C 14790 CAPTIVA DR. CAPTIVA FL 33924 | | | | 4. FEI Number 52-2105867 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOYLE, JAMES C 14790 CAPTIVA DRIVE CAPTIVA FL 33924 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000282591 03/31/05-80049-009 55.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BAINOR-BOYLE, FRANCES 14790 CAPTIVA DR. CAPTIVA FL 33924 | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

3/24/05 239-395-0830