


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90030 028 ****55.00

DOCUMENT # L98000002325	
1. Entity Name BERNSEN NURSERIES, LLC	

Principal Place of Business 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103	Mailing Address 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0900319	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

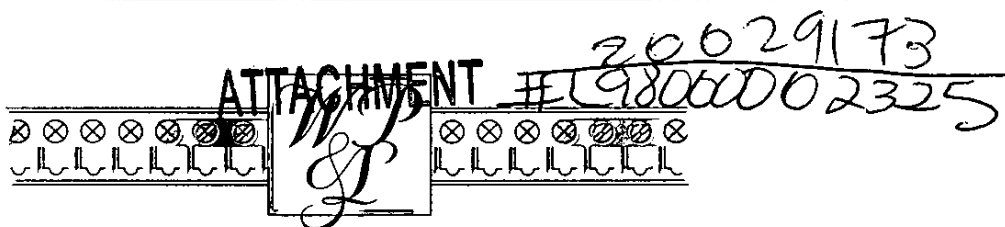
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNSEN, MICHAEL 6370 HUNTERS ROAD NAPLES, FL 34109 <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	MGRM BERNSEN, KATE 6370 HUNTERS ROAD NAPLES, FL 34109 <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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 1-15-06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		



WOODWARD, PIRES & LOMBARDO, P.A.
Attorneys - At - Law

April 7, 2006

CRAIG R. WOODWARD ●
MARK J. WOODWARD
ANTHONY P. PIRES, JR. ■
J. CHRISTOPHER LOMBARDO
STEVEN V. BLOUNT
CARRIE E. LADEMAN

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Bernsen Nurseries, LLC

CARLO F. ZAMPOGNA
JENNIFER L. SZYMANSKI

To Whom It May Concern:

● (Board Certified Real Estate Attorney)
■ (Board Certified City, County and Local Government Attorney)

Enclosed for filing please find the original 2006 Annual Report for the above referenced limited liability company and a check in the amount of \$55.00 for the filing fee and Certificate of Status.

Please feel free to contact me if you have any questions or need anything further.

Very truly yours,

Nicole Turley
Assistant to Carrie E. Lademan, Esq.

\nmt
Enclosures

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