## 2005 LIMITED LIABILITY COMPANY

3. Mailing Address

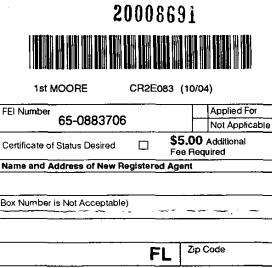
## **ANNUAL REPORT (AR)** DOCUMENT # L98000003220 \* - ---1. Entity Name SYLVAN NURSERY FARMS, L.L.C. Principal Place of Susiness Mailing Address 21101 S.W. 134 AVENUE MIAMI FL 33177 21101 S.W. 134 AVENUE MIAMI FL 33177

2. Principal Place of Business



02-09-2005 90153 009 \*\*\*\*50.00

20008691



Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083	(10/04)	
City & State		City & State		4. FEI Number 65-0883706			oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New	Registered A	gent	
DELANGE, DANIEL H 21:101-S.W134 AVENUE				ss (P.O. Box Number is Not Acceptab	ile)		
MIA	MI FL 33177						
			City		FL	Zip Cod	le
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regi	istered agent, or both, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered age		Registered Agent signal	u d when reinstating)	DATE		
		Make Check Payab	OW!!!! FEE 6 \$50.0 le to Florida Departs a By May 1, 2005				
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS	S/CHANGES		
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELANGE, DANIEL H 21101 S.W. 134 AVENUE MIAMI FL 33177	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELANGE, AISA 21101 S.W. 134 AVENUE MIAMI FL 33177	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGR BOXER, SUSAN 21101 SW 134 AVENUE MIAMI FL 33177	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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