

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2006 90032 024 ****50.00

DOCUMENT # L98000003220 1. Entity Name SYLVAN NURSERY FARMS, L.L.C.					
Principal Place of Business 21101 S.W. 134 AVENUE MIAMI, FL 33177			Mailing Address 21101 S.W. 134 AVENUE MIAMI, FL 33177		
2. Principal Place of Business 14200 SW 210 STREET		3. Mailing Address 14200 SW 210 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0883706	
Zip 33170		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELANGE, DANIEL H 21101 S.W. 134 AVENUE MIAMI, FL 33177			7. Name and Address of New Registered Agent Name DELANGE, DANIEL H Street Address (P.O. Box Number is Not Acceptable) 14200 SW 210 STREET City MIAMI FL Zip Code 33170		
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				DATE 04/07/2006	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELANGE, DANIEL H 21101 S.W. 134 AVENUE MIAMI, FL 33177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELANGE, DANIEL H 14200 SW 210 STREET MIAMI, FL 33170
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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 04/07/2006 (305) 232-2138	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					