

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000500

1. Entity Name
ARBOR GREEN GROWERS, L.C.



Principal Place of Business
3634 GAVIOTA DRIVE
RUSKIN, FL 33573

Mailing Address
3634 GAVIOTA DRIVE
RUSKIN, FL 33573



02152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573169

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL L
3634 GAVIOTA DRIVE
RUSKIN, FL 33573

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLER FLORIDA HOMES, INC.
3634 GAVIOTA DRIVE
RUSKIN, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CYPRESS CREEK LAND CORP.
3634 GAVIOTA DRIVE
RUSKIN, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EASTERS, GREGORY T
2909 STAFFORD ROAD
WIMAUMA, FL 33598

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000299868
04/11/05-B0124-022 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4-8-05

813/633-0900

Date

Daytime Phone #