

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 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



04052006No Chg-LLC

CR2E083 (11/05)

**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

**DO NOT WRITE  
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, 2006**

000000502731  
04/26/06-80003-020 50.00

**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

**DO NOT WRITE  
IN THIS SPACE**

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.

Michael L. Miller, President

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/06

Date

(813) 633-0900

Daytime Phone #