

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 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**



01102007No 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MILLER FLORIDA HOMES, INC.
STREET ADDRESS	3634 GAVIOTA DRIVE
CITY-ST-ZIP	RUSKIN, FL 33573
TITLE	MGRM
NAME	CYPRESS CREEK LAND CORP.
STREET ADDRESS	3634 GAVIOTA DRIVE
CITY-ST-ZIP	RUSKIN, FL 33573
TITLE	MGRM
NAME	EASTERS, GREGORY T
STREET ADDRESS	2909 STAFFORD ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0800000728577  
05/08/07-80004-004 50.00

**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.

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

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

**4/20/07**

Date

**813-633-0900**

Daytime Phone #

**MICHAEL L. MILLER**