


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000000500 1. Entity Name ARBOR GREEN GROWERS, L.C.	
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Principal Place of Business 3634 GAVIOTA DRIVE RUSKIN, FL 33573	Mailing Address 3634 GAVIOTA DRIVE RUSKIN, FL 33573
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DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3573169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

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05/22/08-80036-007 138.75

**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:  **Michael L. Miller** 4-17-08 813-633-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #