

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001277

Entity Name: G & S NURSERY, L.L.C.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 215
LAKE CITY, FL 32056

New Principal Place of Business:

1505 COMMERCE BLVD
LAKE CITY, FL 32025

Current Mailing Address:

P.O. BOX 215
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3566217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, SCOTT D
1505 COMMERCE BLVD
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEWART, SCOTT D
Address: POST OFFICE BOX 1208
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM () Delete
Name: CURRY, GABRIEL
Address: P.O. BOX 215
City-St-Zip: LAKE CITY, FL 32056

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CURRY, SCOTT
Address: P.O. BOX 215
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIEL M. CURRY

MGMR

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date