2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001900 1. Entity Name GECKO NURSERIES, L.L.C.						FILED 00 JAN 27 PM 3: 20			
Principal Plac 8900 PHILLIPS JACKSONVILLE	HIGHWAY	Mailing Address 8900 PHILLIPS HIGHWAY JACKSONVILLE FL 32256-	*			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc				DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State			3567575	No	t Applicable	
Zip	Country Zip		Country		5. Certif	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent			7. Name and Address Name			and Address of New Registere	s of New Registered Agent		
BAKER, MICHAEL				Street Address (P.O. Box Number is Not Acceptable)					
8900 PHILLIPS HIGHWAY JACKSONVILLE FL 32256				<u>-</u>					
			City			F	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or r	egistered agent, o	or both, in the State of Florida.	 l		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of									
9.	MANAGING MEMBE		10.			ADDITIONS/CHANG	ES Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, MICHAEL 2545 OAK STREET, APARTMENT JACKSONVILLE FL 32256	□ Delute 18					Guanya		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete		į		100003115 -02/01/00- *****50.00	~01136==0	Addition 124 0.00	
TITLE NAME STREET ADDRESS CITY-ST-23P		□ Delete .					☐ Changa	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delate	TITLI NAM STRE	E E Et address	-		Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	r the exer	e legal effec	t as if made unde	r oath; that I am a managing mer	certify that the in aber or manage	nformation or of the	

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