2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004528

1. Entity Name

FRALEIGH NURSERY, LLC

Principal Place of Business	Mailing Address
307 S.E. RUTLEGDE STREET	307 S.E. RUTLEGDE STREET
MADISON FL 32340	MADISON FL 32340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Rt. 3 Box 33

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 262

Suite, Apt. #, etc.

City & State: Madison, FL
City & State: Madison, FL

Zip 32340   Country USA
Zip 32341-0262   Country USA

4. FEI Number 59-3584474
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON FRALEIGH , JAMES
307 S.E. RUTLEGDE STREET
MADISON FL 32340

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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.

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 State

9. MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES	
TITLE MGRM NAME LIVINGSTON FRALEIGH , JAMES STREET ADDRESS 307 S.E. RUTLEGDE STREET CITY-ST-ZIP MADISON FL 32340	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nf 2/22/00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003145139---7 -02/23/00--01094--014 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _James Livingston Fraleigh_   850-253-3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #