

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004528

FILED
Jan 13, 2004
Secretary of State

Entity Name: FRALEIGH NURSERY, LLC

Current Principal Place of Business:

RT. 3 BOX 36A
MADISON, FL 32340

New Principal Place of Business:

1099 NE ROCKY FORD ROAD
MADISON, FL 32340

Current Mailing Address:

P.O. BOX 262
MADISON, FL 323410262

New Mailing Address:

P.O. BOX 262
MADISON, FL 32341

FEI Number: 59-3584474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVINGSTON FRALEIGH, JAMES
RT 3 BOX 36A
MADISON, FL 32340 US

Name and Address of New Registered Agent:

FRALEIGH, JAMES L
P.O. BOX 262
MADISON, FL 32341 US

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: JAMES L. FRALEIGH

01/13/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LIVINGSTON FRALEIGH, JAMES
Address: RT 3 BOX 36A
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRALEIGH, JAMES L
Address: P O BOX 262
City-St-Zip: MADISON, FL 32341

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. FRALEIGH

MGRM

01/13/2004

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