

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000004528

**FILED  
Jan 10, 2005  
Secretary of State**

**Entity Name:** FRALEIGH NURSERY, LLC

**Current Principal Place of Business:**

1099 NE ROCKY FORD ROAD  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 262  
MADISON, FL 32341

**New Mailing Address:**

**FEI Number:** 59-3584474      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRALEIGH, JAMES L  
P.O. BOX 262  
MADISON, FL 32341      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/MEMBERS:**

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

**ADDITIONS/CHANGES:**

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

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

01/10/2005

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