

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004528

Entity Name: FRALEIGH NURSERY, LLC

FILED  
Feb 26, 2009  
Secretary of State

**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 (X)

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

FRALEIGH, JAMES L  
1099 NE ROCKY FORD RD  
MADISON, FL 32340 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: FRALEIGH, JAMES L  
Address: 1099 NE ROCKY FORD RD  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FRALEIGH, JAMES L  
Address: 1099 NE ROCKY FORD RD  
City-St-Zip: MADISON, FL 32340

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: JAMES L FRALEIGH

MGR

02/26/2009

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