2001 UNIFORM BUSINESS REPORT (UBR)

000326 3 SP

DOCUMENT # L99000005351

1. Entity Name

SOUTHERN TURF NURSERIES OF FLORIDA, L.L.C.

FILED

01 JAN 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
22193 HIGHWAY 595 ROBERTSDALE AL 36567	22193 HIGHWAY 595 ROBERTSDALE AL 36567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28325 VARCO LANE	28325 VARCO LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELBERTA, AL	City & State
Zip: 36530 Country: USA	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEEMAN, STEVE
3869 SOUTH NOVA ROAD SUITE 2
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: TEMPLETON & COMPANY, PA (L46147)

Street Address (P.O. Box Number is Not Acceptable): 540 ROYAL PALM BEACH BOULEVARD

City: ROYAL PALM BEACH FL Zip Code: 33411

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRUENLOH, WAYNE 22193 HIGHWAY 595 ROBERTSDALE AL 36567	☒ 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	EDWARD WOERNER 28325 VARCO LANE ELBERTA, AL 36530	☐ 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 (11/00)

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: William Ray McCranie CFO William Ray McCranie, CFO 01/18/01 (334) 941-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #