


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90178 010 ****50.00

DOCUMENT # L99000007424	
1. Entity Name CIRCLE B NURSERY, L.L.C.	

Principal Place of Business 2204 DOGWOOD CIRCLE MONT DORA FL 32757	Mailing Address 2204 DOGWOOD CIRCLE MONT DORA FL 32757
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 35 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Mount Dora FL	4. FEI Number 59-3654685	Applied For <input type="checkbox"/> Not Applicable
Zip 32756	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAROUSSE, LARRY III 2204 DOGWOOD CIRCLE MT. DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAROUSSE, MARY PAT 2204 DOGWOOD CIRCLE MT. DORA FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-24-06 352/483-6881

Date

Daytime Phone #