

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90030 040 \*\*\*138.75

**DOCUMENT # L99000007424**

1. Entity Name

CIRCLE B NURSERY, L.L.C.



Principal Place of Business

2204 DOGWOOD CIRCLE  
MONT DORA FL 32757

Mailing Address

PO BOX 35  
MOUNT DORA FL 32756

2. Principal Place of Business - No P.O. Box #

20743 Future Farm Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MT-DORA, Florida

City & State

City & State

Zip

32756

Country

Zip

Country

4. FEI Number

59-3654685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BAROUSSE, LARRY III  
STREET ADDRESS 2204 DOGWOOD CIRCLE  
CITY-ST-ZIP MT. DORA FL 32757

TITLE MGRM ☐ Delete  
NAME BAROUSSE, MARY PAT  
STREET ADDRESS 2204 DOGWOOD CIRCLE  
CITY-ST-ZIP MT. DORA FL 32757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DATE

Display Phone #

3/2/08

352-483-6881