2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L99000007424

Entity Name: CIRCLE B NURSERY, L.L.C.

Current Principal Place of Business:

20743 FUTURE FARM DRIVE
MOUNT DORA, FL 32756

New Principal Place of Business:

Current Mailing Address:

PO BOX 35
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-3654685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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: BAROUSSE, LARRY III
Address: 2204 DOGWOOD CIRCLE
City-St-Zip: MT. DORA, FL 32757

Title: MGRM ( ) Delete
Name: BAROUSSE, MARY PAT
Address: 2204 DOGWOOD CIRCLE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BAROUSSE, LARRY III
Address: P. O. BOX 35
City-St-Zip: MT. DORA, FL 32756

Title: MGRM (X) Change ( ) Addition
Name: BAROUSSE, MARY PAT
Address: P.O. BOX 35
City-St-Zip: MT. DORA, FL 32756

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: LARRY BAROUSSE MGRM 03/02/2009

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