

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-16-2005 90160 036 ****50.00

DOCUMENT # L99000008601 1. Entity Name KURT WEISS GREENHOUSES OF FLORIDA, LLC	
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Principal Place of Business
**% SUNDANCE GROWERS, INC.
4910 U.S. HIGHWAY SOUTH
SUN CITY, FL 33586**

Mailing Address
**PO BOX 7357
SUN CITY, FL 33586**

30002561



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621920	Applied For ☐ Not Applicable
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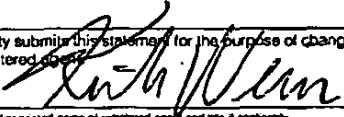
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

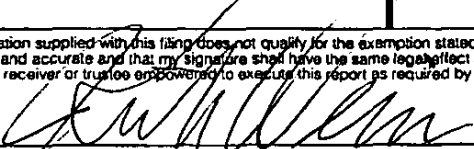
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEISS, RUSSELL 40 INLET VIEW EAST MORICHES, NY 11840
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEISS, WAYNE PO BOX 9 EAST MORICHES, NY 11840
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEISS, KIRK P.O. BOX 472 CENTER MORICHES, NY 11834
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

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:  Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE