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

Principal Place of Business	Mailing Address
% SUNDANCE GROWERS, INC. 4910 U.S. HIGHWAY SOUTH SUN CITY, FL 33586	PO BOX 7357 SUN CITY, FL 33586

J00002561

01172005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3621920
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEISS, RUSSELL
STREET ADDRESS	40 INLET VIEW
CITY-ST-ZIP	EAST MORICHES, NY 11940
TITLE	MGR
NAME	WEISS, WAYNE
STREET ADDRESS	PO BOX 9
CITY-ST-ZIP	EAST MORICHES, NY 11940
TITLE	MGR
NAME	WEISS, KIRK
STREET ADDRESS	P.O. BOX 472
CITY-ST-ZIP	CENTER MORICHES, NY 11934
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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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #