

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000008601</b>	
1. Entity Name <b>KURT WEISS GREENHOUSES OF FLORIDA, LLC</b>	
Principal Place of Business <b>% SUNDANCE GROWERS, INC. 4910 U.S. HIGHWAY SOUTH SUN CITY, FL 33586</b>	Mailing Address <b>PO BOX 7357 SUN CITY, FL 33586</b>



04042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3621920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**8. 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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEISS, RUSSELL 40 INLET VIEW EAST MORICHES, NY 11940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEISS, WAYNE PO BOX 9 EAST MORICHES, NY 11940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEISS, KIRK P.O. BOX 472 CENTER MORICHES, NY 11934</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/23/08-80049-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Russell Weiss* **RUSSELL WEISS** 4-4-08 631.878.2500