

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000001970

1. Entity Name
TRIANGLE NURSERY, LLC



Principal Place of Business
6403 SAFFRON HILLS DR.
SPRING, TX 77379

Mailing Address
6403 SAFFRON HILLS DR.
SPRING, TX 77379



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0462472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACK, MARTHA C
13200 W REUBERRY RR DD170
NEWBERRY, FL 32669

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRACK, MARTHA C
STREET ADDRESS	13200 W NEWBERRY RD 00170
CITY-ST-ZIP	NEWBERRY, FL 32669

TITLE	MGR
NAME	RASKA, BOBBIE BROWN
STREET ADDRESS	6403 SAFFRON HILLS DR.
CITY-ST-ZIP	SPRING, TX 77379

TITLE	MGR
NAME	RASKA, PAUL LARRY
STREET ADDRESS	6403 SAFFRON HILLS DR
CITY-ST-ZIP	SPRING, TX 77379

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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 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: *Bobbie Raska*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-8-07

Date

(281)320-2195

Daytime Phone #