

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001970

Entity Name: TRIANGLE NURSERY, LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

6403 SAFFRON HILLS DR.  
SPRING, TX 77379

**New Principal Place of Business:**

**Current Mailing Address:**

6403 SAFFRON HILLS DR.  
SPRING, TX 77379

**New Mailing Address:**

FEI Number: 03-0462472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BRACK, MARTHA C  
506 LAKE SUMNER CIRCLE  
GROVELAND, FL 34736 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRACK, MARTHA C  
Address: 13200 W NEWBERRY RD 00170  
City-St-Zip: NEWBERRY, FL 32669

Title: MGR ( ) Delete  
Name: RASKA, BOBBIE BROWN  
Address: 6403 SAFFRON HILLS DR.  
City-St-Zip: SPRING, TX 77379

Title: MGR ( ) Delete  
Name: RASKA, PAUL LARRY  
Address: 6403 SAFFRON HILLS DR  
City-St-Zip: SPRING, TX 77379

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRACK, MARTHA C  
Address: 506 LAKE SUMNER CIRCLE  
City-St-Zip: GROVELAND, FL 34736

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BOBBIE BROWN RASKA

MGR

04/30/2008

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