2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# M03000001970

Entity Name: TRIANGLE NURSERY, LLC

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
506 LAKE SUMNER CIRCLE
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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 SAFRON HILLS DR
City-St-Zip: SPRING, TX 77379

ADDITIONS/CHANGES:

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

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 RASKA MGR 04/01/2009

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