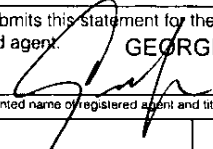
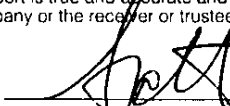


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90019 045 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M07000001855</b><br>1. Entity Name<br><b>MSKP BABCOCK NURSERY LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |  |  |
| Principal Place of Business<br><b>9055 IBIS BLVD.<br/>WEST PALM BEACH, FL 33412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                                   | Mailing Address<br><b>9055 IBIS BLVD.<br/>WEST PALM BEACH, FL 33412</b>                                                                                                                                                    |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                 |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                  |                                                                                   |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                                   | City & State<br>Zip Country                                                                                                                                                                                                |                                                                                   |  |
| 4. FEI Number <b>APPLIED FOR 83-0481383</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>GEORGE SPEER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9055 IBIS BOULEVARD</b><br>City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33412</b> |                                                                                   |  |
| 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. <b>GEORGE SPEER, REGISTERED AGENT</b><br>SIGNATURE  DATE <b>4-7-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>            |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                   | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                               |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                   | 10. ADDITIONS/CHANGES                                                                                                                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>MGRM<br/>MSKP BABCOCK HOLDINGS, L.L.C.<br/>9055 IBIS BLVD.<br/>WEST PALM BEACH, FL 33412</b> | <input type="checkbox"/> Delete                                   |                                                                                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                            |                                                                                   |  |
| 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.<br><b>SYDNEY W. KITSON, AUTHORIZED REPRESENTATIVE</b> |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |                                                                                   |  |
| SIGNATURE:  <b>4-25-08 561624-4000</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                   |                                                                                                                                                                                                                            |                                                                                   |  |