2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90019 045 ***138.75

DOCUMENT # M07000001855

1. Entity Name
MSKP BABCOCK NURSERY LLC

Principal Place of Business	Mailing Address
9055 IBIS BLVD. WEST PALM BEACH, FL 33412	9055 IBIS BLVD. WEST PALM BEACH, FL 33412

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 83-0481383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name GEORGE SPEER
Street Address (P.O. Box Number is Not Acceptable)
9055 IBIS BOULEVARD
City WEST PALM BEACH FL Zip Code 33412

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. GEORGE SPEER, REGISTERED AGENT

SIGNATURE ________ 4-7-08
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

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	☐ Delete
NAME	MSKP BABCOCK HOLDINGS, L.L.C.	
STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.	ADDITIONS/CHANGES	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.
SYDNEY W. KITSON, AUTHORIZED REPRESENTATIVE

SIGNATURE: ________ 4-25-08 561-624-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #