

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005469

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: HINES NURSERIES LLC

**Current Principal Place of Business:**

12621 JEFFREY AVENUE  
IRVINE, CA 92620

**New Principal Place of Business:**

**Current Mailing Address:**

12621 JEFFREY AVENUE  
IRVINE, CA 92620

**New Mailing Address:**

FEI Number: 35-2352567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MEIER, LESLIE A  
Address: 100 FIELD DRIVE, SUITE 300  
City-St-Zip: LAKE FOREST, IL 60045

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: CEO ( ) Change (X) Addition  
Name: SANDS, ROBERT G  
Address: 12621 JEFFREY ROAD  
City-St-Zip: IRVINE, CA 92620 US

Title: CFO ( ) Change (X) Addition  
Name: PIEROPAN, CLAUDIA M  
Address: 12621 JEFFREY ROAD  
City-St-Zip: IRVINE, CA 92620 US

Title: VP ( ) Change (X) Addition  
Name: MATSUURA, JASON G  
Address: 12621 JEFFREY ROAD  
City-St-Zip: IRVINE, CA 92620 US

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: CLAUDIA M. PIEROPAN

CFO

02/03/2009

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