


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013204
1. Entity Name
C I P TREE SERVICES, L.L.C.



Principal Place of Business Mailing Address
8603 SOUTH DIXIE HIGHWAY, SUITE 208 8603 SOUTH DIXIE HIGHWAY, SUITE 208
MIAMI, FL 33143 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



01102006 No Chg-LLC CR2E083 (11/05)

4. FBI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOSNER, STEVEN D
65 NW 16TH STREET
HOMESTEAD, FL 33030

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IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

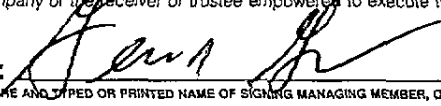
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GARCIA, GENE
STREET ADDRESS	8603 S. DIXIE HWY, STE. 208
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGRM
NAME	SANCHEZ, ALEX
STREET ADDRESS	9350 S. DIXIE HIGHWAY, #1480
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388937
01/20/06-80026-002 50.00

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IN THIS SPACE**

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.

SIGNATURE:  1-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #