
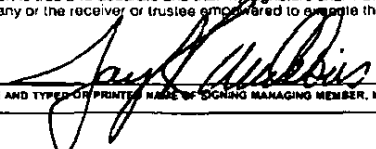


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
 Mar 21, 2007 8:00 am
 Secretary of State

02-28-2007 90148 035 ****50.00

DOCUMENT # L06000111273					
1. Entity Name 6075 BIRCH TREE, LLC					
Principal Place of Business 862 WEST 13TH COURT RIVIERA BEACH, FL 33404			Mailing Address 862 WEST 13TH COURT RIVIERA BEACH, FL 33404		
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	02092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent				4. FEI Number 20-5938250	
WIDDOWS, JAY R 862 WEST 13TH COURT RIVIERA BEACH, FL 33404				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIDDOWS, JAY R	NAME			
STREET ADDRESS	862 WEST 13TH COURT	STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIDDOWS, EDWIN J	NAME			
STREET ADDRESS	862 WEST 13TH COURT	STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIDDOWS, GREGORY L	NAME			
STREET ADDRESS	7514 HAZELWOOD CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIDDOWS, JOANNA	NAME			
STREET ADDRESS	2032 VALENCIA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 complete this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 			Date: 2/20/07 561 842 1701		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone *		