

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000007

Entity Name: AAJ&M TREE CARE, LTD

**FILED**  
**Jan 04, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4690 SOUTHWIND BLVD.  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

4690 SOUTHWIND BLVD.  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

FEI Number: 20-2158396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, ARTHUR D III  
4690 SOUTHWIND BLVD.  
KISSIMMEE, FL 34746 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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KANI-MILLER, JO ANNE  
Address: 4690 SOUTHWIND BLVD.  
City-St-Zip: KISSIMMEE, FL 34746 US

Document #:

Name: MILLER, AMANDA R  
Address: 4690 SOUTHWIND BLVD  
City-St-Zip: KISSIMMEE, FL 34746 US

Document #:

Name: MILLER, MEGAN E  
Address: 4690 SOUTHWIND BLVD  
City-St-Zip: KISSIMMEE, FL 34746 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ARTHUR D. MILLER III

PRES

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date