2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

MO'TREES, L.L.C.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

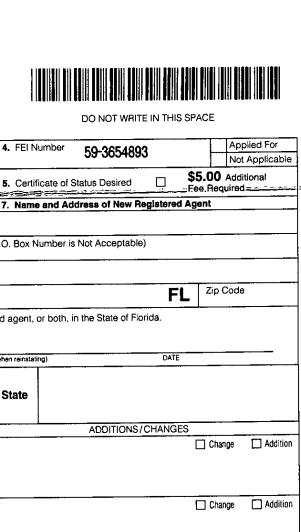
380 LURTON STREET PENSACOLA FL 32505 PO BOX 2323

PENSACOLA FL 32513-2323

FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # L0000005841

Country

05-13-2002 90031 049 ****50.00



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
COLBERT, RICHARD M 125 WEST ROMANA STREET, SUITE 800 PENSACOLA FL 32501			Name	Name					
			Street Address (P.O. Box Number is Not Acceptable)						
			City	<u> </u>		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.									
SIGNATURE _	Signature, typed or printed name of registered agent and title if a	gistered Agent signatu	ered Agent signature required when reinstating) DATE						
		FILE NOW Make Check Paya	/!!! FEE IS \$ ble to Departi By May 1, 2003	ment of State					
9.	MANAGING MEMBERS/MA	NAGERS	10.		ADDITIONS/CHAN	IGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PM MOULTON, JAMES C 380 LURTON STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL 32505 SM MOULTON, ROBERT W 380 LURTON STREET PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DY(OV) Florida Chandas I forth		Change	Addition	

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. limited liability company or the

SIGNATURE: