2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
05-07-2007 90378 031 ****55.00

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1. Entity Name
MO'TREES, L.L.C.

30009307

Principal Place of Business	Mailing Address
380 LURTON STREET PENSACOLA, FL 32505	PO BOX 2323 PENSACOLA, FL 32513-2323

02022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654893
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOND, WILLIAM E JR
125 WEST ROMANA STREET, SUITE 800
PENSACOLA, FL 32501

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MOULTON, JAMES C
STREET ADDRESS	380 LURTON STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	MGRM
NAME	MOULTON, ROBERT W
STREET ADDRESS	380 LURTON STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	MGR
NAME	MOULTON, MARY
STREET ADDRESS	380 LURTON STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	MGR
NAME	MOULTON, MARTHA
STREET ADDRESS	380 LURTON STREET
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: May E. Moulton Manager 5/29/07 850-438-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #