


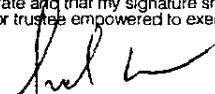


**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007780</b>			
1. Entity Name <b>SOUTHERN OAKS TREE FARM, LLC</b>		Apr 09, 2004 08:00 <b>Secretary of State</b>	
Principal Place of Business <b>8985 RUSSOS ROAD FORT PIERCE, FL 34951</b>		Mailing Address <b>8985 RUSSOS ROAD FORT PIERCE, FL 34951</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01122004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number <b>65-1021005</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCOTT, DANIEL C III 9406 BUNTING LANE FT. PIERCE, FL 34951</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		 04/09/04-80025-010 50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCOTT, DANIEL C III 9406 BUNTING LANE FT. PIERCE, FL 34951	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSSAKIS, NICHOLAS 8985 RUSSOS ROAD FORT PIERCE, FL 34951		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: 		3.31.04 772-4655550	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			