APR-25-2002 01:37P FROM:James M. Wesolowski, P 941-574-4449

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90207 011 ****50.00

960975

DOCUMENT # L00000015253

1. Entity Name

T & T TREE FARMS LLC

Principal Place of Business / Mailing Address

2. Principal Place of Business
16121 OLD U.S. 41
Suite, Apt. #, etc
City & State
NAPLES, FL
Zip 34110 Country COLLIER

3. Mailing Address
1480 CAXAMBAS CT.
Suite, Apt. # etc
City & State
MARCO ISLAND, FL
Zip 34145 Country COLLIER

DO NOT WRITE IN THIS SPACE

4. FEI Number
651060418
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SQUAREBRIGS, BRUCE
3210 S.E. 19TH PLACE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name RAYMOND A. RATHKA
Street Address (P.O. Box Number is Not Acceptable)
1480 CAXAMBAS CT.
~~MARCO ISLAND~~ ~~FL~~
City MARCO ISLAND FL Zip Code 34145

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 R.A. Rathka RAYMOND A. RATHKA 4-27-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when changing agent) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER SQUAREBRIGS, BRUCE 3210 S.E. 19TH PLACE CAPE CORAL, FL 33904	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER RATHKA, RAYMOND A. 1480 CAXAMBAS CT MARCO ISLAND, FL 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

R.A. Rathka RAYMOND A. RATHKA