


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90115 011 ****50.00

DOCUMENT # L00000016150	
1. Entity Name TRI STATE TREE SERVICE, L.L.C.	

Principal Place of Business 10315 LILLIAN HIGHWAY PENSACOLA, FL 32506	Mailing Address P.O. BOX 36220 PENSACOLA, FL 32516-6220
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2. Principal Place of Business 708 N. New Warrington Rd.	3. Mailing Address PO Box 36220
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
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Zip 32506	Country U.S.	Zip 32516-6220	Country U.S.
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04272005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent WILLIAMS, WAYNE L 10315 LILLIAN HWY PENSACOLA, FL 32506	
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4. FEI Number 59-3678401	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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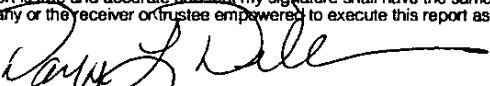
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, WAYNE		NAME	
STREET ADDRESS 10315 LILLIAN HWY		STREET ADDRESS	
CITY- ST- ZIP PENSACOLA, FL 32506		CITY- ST- ZIP	
TITLE office manager - MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Melissa Coker		NAME	
STREET ADDRESS 708 N. Warrington Rd.		STREET ADDRESS	
CITY- ST- ZIP Pensacola, FL 32506		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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:  **04/26/05** (850) 453-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #