2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 03, 2005 08:00 AM DOCUMENT # L01000001252 Secretary of State SOUTHEAST TREES, L.L.C. Principal Place of Business Mailing Address 200 GANDY CEMETARY RD 3890 HWY 60 E BARTOW, FL 33830 BARTOW, FL 33830 01142005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3336929 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORD, KENNETH V DO NOT WRITE 3890 HWY 60 E BARTOW, FL 33830 IN THIS SPACE 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. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE FORD, KENNETH V NAME 6099 WATERWOOD WAY STREET ADDRESS BARTOW, FL 33830 CITY-ST-ZIP U00000213180 02/03/05-80059-018 50.00 TITLE FORD, MARCIA L NAME STREET ADDRESS 6099 WATERWOOD WAY CITY-ST-ZIP BARTOW, FL 33830 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it 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.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

FILED