

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000013709

1. Entity Name

GREY OAKS TREE FARM, L.C.



Principal Place of Business

136 EAST BAY STREET
JACKSONVILLE, FL 32202

Mailing Address

P.O. BOX 1860
JACKSONVILLE, FL 32201



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743110

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHICKEL, JOHN J SR.
136 EAST BAY STREET
JACKSONVILLE, FL 32202

**DO NOT WRITE
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, typed 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHICKEL, JOHN J SR
STREET ADDRESS	P.O. BOX 1860
CITY - ST - ZIP	JACKSONVILLE, FL 32201
TITLE	MGRM
NAME	SCHICKEL, J.J. JR.
STREET ADDRESS	2743 VINING OAK DRIVE
CITY - ST - ZIP	SMYRNA, GA
TITLE	MGRM
NAME	SCHICKEL, JOEL MATTHEW
STREET ADDRESS	808 GREENWOOD AVENUE, APT. 201
CITY - ST - ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000003834
01/14/04-80003-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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: MM

JOHN J. SCHICKEL, SR

1/12/04

904-356-6071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #