


**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

60000156

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

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

4. FEI Number  
59-3743110

Applied For  
Not Applicable

5. Certificate of Status Desired

01032007Chg-LLCCR2E083 (12/06)

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
SCHICKEL, JOHN J SR.  
136 EAST BAY STREET  
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip Code

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SCHICKEL, JOHN J SR  
P.O. BOX 1860  
JACKSONVILLE, FL 32201

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SCHICKEL, J.J. JR.  
3033 MAPLE DR.  
ATLANTA, GA 30305

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SCHICKEL, MATTHEW J  
3033 MAPLE DR.  
ATLANTA, GA 30305

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

ChangeAddition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SCHICKEL, J.J. JR.

ChangeAddition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SCHICKEL, MATTHEW J

ChangeAddition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ChangeAddition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ChangeAddition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ChangeAddition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/3/06

904-571-2144

DateDaytime Phone #