

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013709

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** GREY OAKS TREE FARM, L.C.

**Current Principal Place of Business:**

136 EAST BAY STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1860  
JACKSONVILLE, FL 32201

**New Mailing Address:**

**FEI Number:** 59-3743110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHICKEL, JOHN J SR  
**Address:** P.O. BOX 1860  
**City-St-Zip:** JACKSONVILLE, FL 32201

**Title:** MGRM  
**Name:** SCHICKEL, JJ JR  
**Address:** 3033 MAPLE DR.  
**City-St-Zip:** ATLANTA, GA 30305

**Title:** MGRM  
**Name:** SCHICKEL, MATTHEW J  
**Address:** 3033 MAPLE DR,  
**City-St-Zip:** ATLANTA, GA 30305

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JOHN J SCHICKEL, SR

MGRM

02/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date