

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90007 049 \*\*\*\*55.00

DOCUMENT # L01000021069

1. Entity Name  
EAGLE RIDGE TREE FARM, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3195 Sneed Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
3195 Sneed Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Fort Pierce, FL  
Zip  
34945  
Country  
USA

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Fort Pierce, FL  
Zip  
34945  
Country  
USA

4. FEI Number  
65-1157126

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Stacy L. Feketa

Street Address (P.O. Box Number is Not Acceptable)  
3195 Sneed Rd

City  
Fort Pierce FL Zip Code  
34945

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.

SIGNATURE Stacy L. Feketa  
Signature, typed or printed name of registered agent and title if applicable.

member

4/16/02  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Michael West 3195 Sneed Rd Fort Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Stacy L. Feketa 3501 Sneed Rd ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Stewart Feketa 3501 Sneed Rd Ft. Pierce, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Krusten Rowlands 3195 Sneed Rd. Fort Pierce, FL 34945
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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: Michael West  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

16 April 02  
Date

Daytime Phone #

CR2E083B (12/01)