

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90436 005 ****55.00

DOCUMENT # L01000021069

1. Entity Name
EAGLE RIDGE TREE FARM, LLC



Principal Place of Business
**3795 SNEED RD.
FORT PIERCE, FL 34945**

Mailing Address
**3795 SNEED RD.
FORT PIERCE, FL 34945**

61000000



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1157126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEKETA, STACY L
3795 SNEED ROAD
FORT PIERCE, FL 34945**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WEST, MICHAEL
3795 SNEED RD.
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FEKETA, STACY L
3501 SNEED RD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FEKETA, STEWART
3501 SNEED RD
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROWLANDS, KRYSTEN
3795 SNEED RD.
FORT PIERCE, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: Michael D. West

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

2 Mar 04

Date

772-467-1230

Daytime Phone #