


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90340 045 ****50.00

DOCUMENT # L01000021069

1. Entity Name
EAGLE RIDGE TREE FARM, LLC



Principal Place of Business Mailing Address

**3795 SNEED RD.
FORT PIERCE FL 34945** **3795 SNEED RD.
FORT PIERCE FL 34945**

2. Principal Place of Business 3. Mailing Address

3195 Sneed Road **3795 Sneed Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Fort Pierce FL **Fort Pierce FL**

Zip Country Zip Country

34945 **USA** **34945** **USA**

4. FEI Number Applied For

65-1157126 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**

7. Name and Address of New Registered Agent

Name

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

City FL Zip 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 Stacy L Feketa DATE 1/16/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEST, MICHAEL	
STREET ADDRESS	3795 SNEED RD.	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FEKETA, STACY L	
STREET ADDRESS	3501 SNEED RD	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FEKETA, STEWART	
STREET ADDRESS	3501 SNEED RD	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROWLANDS, KRYSTEN	
STREET ADDRESS	3795 SNEED RD.	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stacy L Feketa DATE: 1/16/03 DAYTIME PHONE: 772 467 1260

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

L0010100



CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)