


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000001125 <b>1. Entity Name</b> SHAW'S TREE SERVICE, LLC	
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<b>Principal Place of Business</b> 2762 WEST BEAVER ST. JACKSONVILLE, FL 32254	<b>Mailing Address</b> 2762 WEST BEAVER ST. JACKSONVILLE, FL 32254
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**DO NOT WRITE IN THIS SPACE**



07072005No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 41-2029618	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  NORMA P. FREEDMAN, P.A. 525 NORTH NEWMAN ST. JACKSONVILLE, FL 32202
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**DO NOT WRITE  
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**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 September 7, 2005**

000000373450  
07/18/05-80016-003 50.00

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> SHAW, ROY 2762 W. BEAVER STREET JACKSONVILLE, FL 32254
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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)(f), 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.

<b>SIGNATURE:</b>  <b>Roy Shaw</b>	<b>7-7-05</b>	<b>904-388-9982</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>