

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004751

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: OKEECHOBEE TREE FARM, LLC

## Current Principal Place of Business:

2699 S. BAYSHORE DRIVE  
SUITE 400  
MIAMI, FL 33133 US

## New Principal Place of Business:

15100 QUAIL ROOST DRIVE  
MIAMI, FL 33187 US

## Current Mailing Address:

2699 S. BAYSHORE DRIVE  
SUITE 400  
MIAMI, FL 33133 US

## New Mailing Address:

15100 QUAIL ROOST DRIVE  
MIAMI, FL 33187 US

FEI Number: 03-0394685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARKEY, KEITH  
2699 S. BAYSHORE DRIVE  
SUITE 400  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

OSMAN, MICHAEL J  
1541 BRICKELL AVENUE  
SUITE B2503  
MIAMI, FL 33129 US

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: MICHAEL J OSMAN

04/29/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: PELTON, DONALD  
Address: 2699 S. BAYSHORE DRIVE, SUITE 400  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR ( ) Delete  
Name: SHARKEY, KEITH  
Address: 2699 S. BAYSHORE DRIVE, SUITE 400  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR ( ) Delete  
Name: OSMAN, ELLEN  
Address: 2699 S. BAYSHORE DRIVE, SUITE 400  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR ( ) Delete  
Name: OSMAN, ABBE  
Address: 2699 S. BAYSHORE DRIVE, SUITE 400  
City-St-Zip: MIAMI, FL 33133 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLEN OSMAN

MGR

04/29/2005

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