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Jul 11, 2003 8:00 am

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

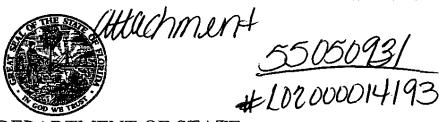
Secretary of State DOCUMENT # L02000014193 02-07-2003 90013 048 ****50.00 1. Entity Name MYFRUITTREE, L.L.C. Principal Place of Business Mailing Address 10000001 206 N. 6TH AVENUE 206 N. 6TH AVENUE WAUCHULA FL 33873 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 20-0077012 Not Applicable Zip Country Zip Country \$5:00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEE, JAMES V JR Street Address (P.O. Box Number is Not Acceptable) 206 N. 6TH AVENUE WAUCHULA FL 33873 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Addition TITLE Delete TITLE ☐ Change NAME ALBRITTON, JOSEPH NAME 206 N. 6TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 TITLE MGR Delete TITLE ☐ Change Addition NAME SEE, JAMES V JR NAME STREET ADDRESS STREET ADDRESS 206 N. 6TH AVENUE CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

PA 16n'tton 7-9-03 863-223-6280

DR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

February 10, 2003

MYFRUITTREE, L.L.C. 206 N. 6TH AVENUE WAUCHULA, FL 33873 * Please note that ck # 480 was issued on 2/5/03 therefore no payment is due.

Subject: MYFRUITTREE, L.L.C.

Reference Number:

L02000014193

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LB ANNUAL REPORTS SECTION