

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:56

<b>DOCUMENT # L03000021905</b> 1. Entity Name SSNN TREE FARM, LLC					
Principal Place of Business 90 HOWE AVENUE LABELLE, FL 33935			Mailing Address PO BOX 1118 LABELLE, FL 33975		
2. Principal Place of Business - No P.O. Box # 110 N. Main St. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Labelle FL		City & State		4. FEI Number 90-0147033	
Zip 33935		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMUNNI, STEVEN A 90 HOWE AVENUE LABELLE, FL 33935			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMUNNI, STEVEN A PO BOX 1118 LABELLE, FL 33975	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>1/26/7</b> <b>863-675-4646</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					