

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035159 1. Entity Name TREE-MENDOUS OF NORTH FLORIDA, LLC	
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Principal Place of Business 7673 US 1 SOUTH ST AUGUSTINE, FL 32086	Mailing Address 800 LOMAX STREET, SUITE 109 JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2394942	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PATTERSON, BOND & LATSHAW, P.A.
3010 S. THIRD ST.
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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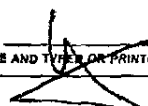
**Filing Fee is \$50.00
Due by May 1, 2006**

000000436130
02/27/06-80025-005 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, CYNTHIA 800 LOMAX ST., STE. 109 JACKSONVILLE, FL 32204
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IN THIS SPACE**

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.

SIGNATURE: 	Michael D. Spencer	904-794-7178
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #