


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90151 036 ****50.00

DOCUMENT # L03000035159 1. Entity Name TREE-MENDOUS OF NORTH FLORIDA, LLC					
Principal Place of Business 7673 US 1 SOUTH ST AUGUSTINE, FL 32086			Mailing Address 800 LOMAX STREET, SUITE 109 JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1061 Riverside Ave. Suite, Apt. #, etc.			
City & State Zip Country		City & State Jacksonville, FL Zip Country 32204		4. FEI Number 59-2394942	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 S. THIRD ST. JACKSONVILLE BEACH, FL 32250					
7. Name and Address of New Registered Agent Name Law Offices of C. Guy Bond, P.A. Street Address (P.O. Box Number is Not Acceptable) 11512 Lake Mead Ave., Suite 303 City Jacksonville FL Zip Code 32256					
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 <i>Mary G. Marcom</i> Mary G. Marcom, Vice President of Law Offices of C. Guy Bond, P.A. 2/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURNER, CYNTHIA 800 LOMAX ST., STE. 109 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Michael D. Spencer 1061 Riverside Ave. Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/26/2007 Daytime Phone # 904-355-5531		