


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90196 045 ****50.00

DOCUMENT # L03000052840	
1. Entity Name FORSHEE'S TREE SERVICE, LLC	

Principal Place of Business 11670 DUVAL ROAD JACKSONVILLE FL 32218	Mailing Address 11670 DUVAL ROAD JACKSONVILLE FL 32218
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2. Principal Place of Business - No P.O. Box # 11670 DUVAL RD.	3. Mailing Address 11670 DUVAL RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State JAX, FLA.	City & State JAX, FLA.
Zip 32218	Country DUVAL

4. FEI Number 37-1480606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FORSHEE, LARRY B 11670 DUVAL ROAD JACKSONVILLE FL 32218	
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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 <i>Larry B. Forshee</i>	LARRY B. FORSHEE OWNER	1-28-07
Signature, typed or printed name of registered agent and title if applicable		DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORSHEE, LARRY B 11670 DUVAL ROAD JACKSONVILLE FL 32218
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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>Larry B. Forshee</i>	LARRY B. FORSHEE	1-28-07	904-333-6067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #