

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053375

Entity Name: ARMSTRONG TREES, LLC

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

2112 BOSTON HIGHWAY
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 67
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 20-0509401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMSTRONG, CORDELL W
8304 CHICKASAW TRAIL
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ARMSTRONG, MICHELLE C
8304 CHICKASAW TRAIL
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: MICHELLE C. ARMSTRONG

03/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARMSTRONG, CORDELL W
Address: 8304 CHICKASAW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: ARMSTRONG, MICHELLE C
Address: 8304 CHICKASAW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARMSTRONG, MICHELLE C
Address: 8304 CHICKASAW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR (X) Change () Addition
Name: ARMSTRONG, CORDELL W
Address: 8304 CHICKASAW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE C. ARMSTRONG

MRS.

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date