2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # L04000011979 -Aug 01, 2007 08:00 AM Secretary of State 1. Entity Name JA ROMAN TREE SERVICE LLC Principal Place of Business Mailing Address 15533 SW 102 CT 15533 SW 102 CT MIAMI, FL 33157 US MIAMI, FL 33157 07252007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PASTRAN, RAUL E DO NOT WRITE 333 NE 8 ST HOMESTEAD, FL 33030 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITI F ROMAN, JAMES A NAME 15533 SW 102 CT. STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZIP TITLE **MGRM** ROMAN, JANET 15533 SW 102 CT. STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATUR