

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90085 018 \*\*\*\*\*50.00

**DOCUMENT # L04000033563**

1. Entity Name  
**266 TREES, L.L.C.**



Principal Place of Business  
**148 SOUTH JEFFERSON AVENUE  
LAKE PLACID, FL 33852**

Mailing Address  
**148 SOUTH JEFFERSON AVENUE  
LAKE PLACID, FL 33852**



2. Principal Place of Business - No P.O. Box #  
**116500 S. JEFFERSON AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**116500 S. JEFFERSON AVE.**  
Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State  
**LAKE PLACID, FL.**  
Zip  
**33852**  
Country  
**USA**

City & State  
**LAKE PLACID, FL.**  
Zip  
**33852**  
Country  
**USA**

4. FEI Number  
**20-2646587**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRIFFIN, STEVEN D  
148 SOUTH JEFFERSON AVENUE  
LAKE PLACID, FL 33852**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**116500 S. JEFFERSON AVE.**  
City  
**LAKE PLACID** **FL** Zip Code  
**33852**

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 *Steven D Griffin* (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GRIFFIN TREES, INC.  
148 SOUTH JEFFERSON AVENUE  
LAKE PLACID, FL 33852** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**116500 S. JEFFERSON AVE.  
LAKE PLACID, FL 33852**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Steven D Griffin* 1-15-07 863.465.7702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #