

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90032 017 \*\*\*\*55.00

<b>DOCUMENT # L04000046859</b>					
<b>1. Entity Name</b> A & P TREE SERVICE, LLC				<b>Principal Place of Business</b> 5125 FORMBY DRIVE ORLANDO, FL 32812 US	
<b>Mailing Address</b> 5125 FORMBY DRIVE ORLANDO, FL 32812 US				<b>2. Principal Place of Business</b> 503 Southridge Rd Suite, Apt. #, etc.	
<b>3. Mailing Address</b> 503 Southridge Rd Suite, Apt. #, etc.				<b>4. FEI Number</b> 27-0095096	
<b>City &amp; State</b> Clermont, Florida Zip: 34711 Country: U.S.				<b>City &amp; State</b> Clermont, Florida Zip: 34711 Country: U.S.	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SCOTT, ANN 5125 FORMBY DRIVE ORLANDO, FL 32812				<b>7. Name and Address of New Registered Agent</b> Name: Ann Scott Street Address (P.O. Box Number is Not Acceptable): 503 Southridge Road City: Clermont FL Zip Code: 34711	
<b>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.</b> SIGNATURE: <u>Ann M Scott</u> - <u>Ann M. Scott</u> DATE: <u>4077096163</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGRM NAME: SCOTT, PAUL L STREET ADDRESS: 5125 FORMBY DRIVE CITY-ST-ZIP: ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE: MGRM NAME: Scott, Paul, L STREET ADDRESS: 503 Southridge Road CITY-ST-ZIP: Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: SCOTT, ANN M STREET ADDRESS: 5125 FORMBY DRIVE CITY-ST-ZIP: ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE: MGRM NAME: Scott, Ann M STREET ADDRESS: 503 Southridge Road CITY-ST-ZIP: Clermont, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Ann M Scott</u> <u>Ann M Scott</u> <u>4077096163</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					