

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059117

FILED
Mar 11, 2007
Secretary of State

Entity Name: 3 E TREE FARM PARTNERS LLC

Current Principal Place of Business:

P.O. BOX 476
LOXAHATCHEE, FL 334700476

New Principal Place of Business:

248 C RD
LOXAHATCHEE, FL 334700476

Current Mailing Address:

P.O. BOX 476
LOXAHATCHEE, FL 334700476

New Mailing Address:

FEI Number: 65-0660101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESHER, GERALD S ESQ
1555 PALM BEACH LAKES BLVD., SUITE 1510
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLTZENE, THOMAS R
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR () Delete
Name: BLESS, CHRISTOPHER
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS R GOLTZENE

MGR

03/11/2007

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