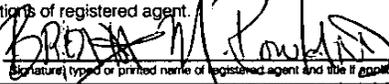


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90298 035 *****55.00

DOCUMENT # L04000074443					
1. Entity Name HAPPY TREES, LLC					
Principal Place of Business 303 VILLAGE LANE WINTER PARK, FL 32792		Mailing Address 501 N ORLANDO AVE, # 313 # 256 WINTER PARK, FL 32789			
2. Principal Place of Business Farmers Markets		3. Mailing Address 9207 River Forest Cove			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Webster Florida		4. FEI Number 20-2171466	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33597		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROWLAND, BRENDA M 2180 TORTOISE SHELL DRIVE WINTER PARK, FL 32792			Name Brenda M Rowland		
			Street Address (P.O. Box Number is Not Acceptable) 9207 River Forest Cove		
			City Webster		FL Zip Code 33597
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 		Brenda M. Rowland MGRM		JUNE 15, 2006	
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROWLAND, BRENDA M 501 N ORLANDO AVE, STE 313 # 256 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rowland, Brenda M 9207 River forest cove Webster, Fl. 33597	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  MGRM				Date 321.356.0758	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	