


# 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					
<b>1. Entity Name</b> HAPPY TREES, LLC					
<b>Principal Place of Business</b> 303 VILLAGE LANE WINTER PARK, FL 32792			<b>Mailing Address</b> 501 N ORLANDO AVE, # 313 # 256 WINTER PARK, FL 32789		
<b>2. Principal Place of Business</b> Farmers Markets		<b>3. Mailing Address</b> 9207 River Forest Cove			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Webster Florida		<b>4. FEI Number</b> 20-2171466	
Zip		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 33597		Country USA		05232006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>  ROWLAND, BRENDA M 2180 TORTOISE SHELL DRIVE WINTER PARK, FL 32792			<b>7. Name and Address of New Registered Agent</b> Name <u>Brenda M Rowland</u> Street Address (P.O. Box Number is Not Acceptable) <u>9207 River Forest Cove</u> City <u>Webster</u> <b>FL</b> Zip Code <u>33597</u>		
<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>Brenda M Rowland</u> <u>Brenda M. Rowland MGRM</u> <u>JUNE 15, 2006</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROWLAND, BRENDA M 501 N ORLANDO AVE, STE 313 # 256 WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rowland, Brenda M 9207 River forest Cove Webster, FL 33597	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Brenda M Rowland MGRM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				321.356.0758 <small>Date Daytime Phone #</small>	