2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# L04000091596

Entity Name: SYLVESTRIS TREE FARMS EAST LLC

Current Principal Place of Business:

6355 NE 69 STREET
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

920 NE 10TH STREET
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-2023843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KENNEY, BARBARA
920 NE 10TH STREET
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

GIBALSKI, JERRY
920 NE 10TH STREET
HALLANDALE BEACH, FL 33009 US

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: JERRY GIBALSKI 08/31/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KENNY, BARBARA
Address: 920 NE 10TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR (X) Delete
Name: GIBALSKI, JERRY
Address: 920 NE 10TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GIBALSKI, JERRY
Address: 920 NE 10TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

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

I hereby certify that the information supplied with this filing does not qualify 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: JERRY GIBALSKI MGRM 08/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date