

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-03-2005 90114 034 ****10.00
03-11-2005 90055 044 ****40.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L04000093326	
1. Entity Name DEAN TRACTOR AND TREE, LLC	

DO NOT WRITE IN THIS SPACE

20020057

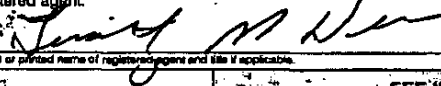
2. Principal Place of Business 8256 LUCENA ST Suite, Apt. #, etc.	3. Mailing Address 8256 LUCENA ST Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NAVARRE, FL	City & State NAVARRE, FL	4. FEI Number 20-1987589	Applied For Not Applicable
Zip 32566	Country SANTA ROSA	Zip 32566	Country SANTA ROSA
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name TIMOTHY M. DEAN	
	Street Address (P.O. Box Number is Not Acceptable) 8256 LUCENA STREET	
	City NAVARRE	FL Zip Code 32566

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  DATE **JAN 27, 05**

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMOTHY M. DEAN 8256 LUCENA ST NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL S. DEAN 8256 LUCENA ST. NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTOPHER DEAN LOWE 1924 CONSTITUTION DRIVE NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENO EVAN DAY 8264 LUCENA ST NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  DATE **JAN 27, 05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (1/202)