


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 24, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L05000085298</b> 1. Entity Name CHESTNUT HILL TREE FARM, LLC	
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Principal Place of Business 15105 N.W. 94TH AVENUE ALACHUA, FL 32615 US	Mailing Address 15105 N.W. 94TH AVENUE ALACHUA, FL 32615 US
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01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3610577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ROBERT D 15105 NW 94TH AVE ALACHUA, FL 32615
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01/26/07-80029-017 50.00

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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:**  **1/15/07 386-462-2220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #