

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004783

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: FLOWERTREE THIRTY-FIVE, LLC

**Current Principal Place of Business:**

37921 FLOWERTREE LANE  
GRAND ISLAND, FL 32735

**New Principal Place of Business:**

37315 S. R. 19  
UMATILLA, FL 32784

**Current Mailing Address:**

37921 FLOWERTREE LANE  
GRAND ISLAND, FL 32735

**New Mailing Address:**

P. O. BOX 2267  
UMATILLA, FL 32784

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TREEFLOWER, INC.  
37921 FLOWERTREE LANE  
GRAND ISLAND, FL 32735 US

**Name and Address of New Registered Agent:**

TREEFLOWER, INC.  
37315 S. R. 19  
UMATILLA, FL 32784 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:

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TREEFLOWER, INC.  
Address: 37921 FLOWERTREE LANE  
City-St-Zip: GRAND ISLAND, FL 32735

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TREEFLOWER, INC.  
Address: P. O. BOX 2267  
City-St-Zip: UMATILLA, FL 32735

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: JOHN C. WHITAKER

MR.

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date