

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038596

FILED
May 11, 2009
Secretary of State

Entity Name: HOLLY LANE TREE FARM, LLC

Current Principal Place of Business:

1202 E. JOE MCINTOSH ROAD
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

1202 E. JOE MCINTOSH ROAD
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 20-4764136 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:

SMITH, KEITH C ESQ.
121 NORTH COLLINS STREET
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CP () Delete
Name: PARRISH, DON
Address: 1202 EAST JOE MCINTOSH RD
City-St-Zip: PLANT CITY, FL 33565

Title: VP () Delete
Name: PARRISH, ANN
Address: 1202 E JOE MCINTOSH RD
City-St-Zip: PLANT CITY, FL 33565

Title: S () Delete
Name: PARRISH, BOB
Address: 1202 E JOE MCINTOSH RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES:

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

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

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: DON PARRISH

CP

05/11/2009

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