2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# L06000047456

Entity Name: TIMBER WOLF TREE SERVICE LLC

Current Principal Place of Business:

151P.A. SANDERS RD
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

151P.A. SANDERS RD
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 83-0458687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARREL, JAMES C
140 PA SANDERS RD
SOPCHOPPY, FL 32358 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: MGR ( ) Delete
Name: JAMES C. HARRELL,
Address: 140 PA. SANDERS RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM ( ) Delete
Name: WAYNE E. MORGAN,
Address: 140 PA. SANDES RD.
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WAYNE E. MORGAN,
Address: 151 PA. SANDES RD.
City-St-Zip: SOPCHOPPY, FL 32358

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES HARRELL MGR 03/27/2007

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