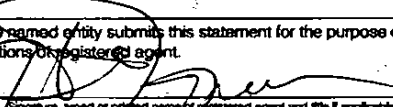
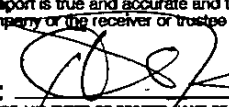


FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90361 018 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000049775			
1. Entity Name EAGER BEAVER EXPERT TREE SERVICE LLC			
Principal Place of Business 2203 HALILTON ST. JACKSONVILLE, FL 32210		Mailing Address 2203 HALILTON ST. JACKSONVILLE, FL 32210	
2. Principal Place of Business - No P.O. Box # 2203 Hamilton St.		3. Mailing Address 2203 Hamilton St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32210	Country	Zip 32210	Country
4. FEI Number 90-0015333		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JACQUES, HOWARD C III 2203 HALILTON ST. JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Jacques, Howard C III Street Address (P.O. Box Number is Not Acceptable) 2203 Hamilton St. City Jacksonville FL Zip Code 32210	
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	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACQUES, HOWARD C III 2203 HALILTON ST. JACKSONVILLE, FL 32210 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 2203 Hamilton St. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACQUES, DIANE N 2860 OAKLAND DR. GREENCOVE SPRINGS, FL 32043 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date Daytime Phone #	

40102100



04272007 Chg-LLC CR2E083 (12/06)