From:TILLEY & CALLAHAN, PA, CPA's 904 730 7090

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

40102100

Principal Place of Business	Mailing Address
2203 HALILTON ST. JACKSONVILLE, FL 32210	2203 HALILTON ST. JACKSONVILLE, FL 32210

04272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2203 Hamilton St.	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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	MGR JACQUES, DIANE N 2860 OAKLAND DR. GREENCOVE SPRINGS, FL 32043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2203 Hamilton St. Jacksonville, Fl 32210	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #