
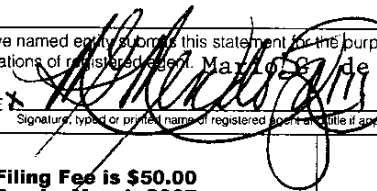


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90130 034 \*\*\*\*50.00

<b>DOCUMENT # L06000083269</b> 1. Entity Name <b>JTS ARBORIST HOLDINGS, LLC</b>					
Principal Place of Business <del>1432 SOUTH PALMWAY</del> <del>C/O JOHN SUTTON</del> <del>LAKE WORTH, FL 33460</del>			Mailing Address <b>C/O MARIO G. DE MENDOZA, III, P.A.</b> <b>12765 FOREST HILL BLVD. SUITE 1302</b> <b>WELLINGTON, FL 33414</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o John Sutton</b>		3. Mailing Address Suite, Apt. #, etc. <b>1432 South Palmway</b>			
City & State <b>Lake Worth, FL</b>		City & State <b>Wellington, FL</b>			
Zip <b>33460</b>	Country <b>USA</b>	Zip <b>33414</b>	Country <b>FL</b>	4. FEI Number <b>20-5448786</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <del>DE MENDOZA, MARIO G.</del> <del>12765 FOREST HILL BLVD.</del> <del>SUITE 1302</del> <del>WELLINGTON, FL 33414</del>			7. Name and Address of New Registered Agent Name <b>Mario G. de Mendoza, III, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12765 Forest Hill Blvd., Suite 1302</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>		
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. <b>Mario G. de Mendoza, III, P.A.</b> SIGNATURE:  <b>Mario G. de Mendoza, III, President</b> x <b>2-19-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Sutton, John</b> <b>1432 South Palmway</b> <b>Lake Worth, FL 33460</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: x</b>  <b>John Sutton, Manager</b> x <b>3-13-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					