2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000083269 1. Entity Name JTS ARBORIST HOLDINGS, LLC		SEE SEE			03-15-2007	90130 034 ****	50.00
Principal Place of Business	Mailing Address C/O MARIO G. DE MEND	IO7A III P) A		000		
_C/O_IOHN SUTTON _LAKE WORTH, FL_33460	12765 FOREST HILL BE WELLINGTON, FL 3341	.VD. SUITE			88116 8 1111 88111 88111 8811	I BEIBS IBIBE SING NEW BINE	C1001 1001
2. Principal Place of Business - No P.O. Box # c/o John Sutton	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc. 1432 South Palmway	Suite, Apt. #, etc.		02062007	Chg-LLC	CR2E083 (12/06)		
City & State Lake Worth, FL	City & State		4. FEI Numbe 20-544			pplied For ot Applicable	
Zip Country 33460_ USA	Zip 	Country			of Status Desired	□ \$5.00 Ad Fee Require	
6. Name and Address of Currer	nt Registered Agent	····		7. Name and	Address of New Ro	egistered Agent	
DE MENDOZA, MADIO C		'	Name Mario G. de Mendoza, III, P.A.				
- DE MENDOZA, MARIO G- - 12765 FOREST HILL BLVD. - SUITE 1302			Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd., Suite 1302				
-WELLINGTON, FL 33414							
10 1			^{City} Welli	_			414
8. The above named entity submits this statement the obligations of registered event. May 160	bethe burpose of changing its	registered of ${ m III}$, ${ m P}$	office or register P.A.	ed agent, or bot	h, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE Signatury, typed or printed name of registered acce			Mendoza, gent signature required		esident X o	2-19-07 DATE	
	1						
Filing Fee is \$50.00 Due by May 1, 2007						e check payable to Department of Stat	te
Due by May 1, 2007	DERS/MANAGERS	10.				Department of Stat	te
9. MANAGING MEME	BERS/MANAGERS	TITLE	MGR		Florida ADDITIONS/	Department of Stat	te ☑ Addition
9. MANAGING MEME		TITLE NAME	Suti	ton, John	ADDITIONS/	Department of State	
9. MANAGING MEME TITLE NAME STREET ADDRESS		TITLE NAME STREET AL	Suti	ton, John 2 South 1	Florida ADDITIONS/ n Palmway	CHANGES Change	
9. MANAGING MEME TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET AL CITY-ST-	Suti	ton, John 2 South 1	ADDITIONS/	Department of State CHANGES Change	■ Addition
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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: 1 John Sutton, Manager Signature and typed or printed name of signing managing member, manager or authorized representative

3.13.07

Daytime Phone