

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102008

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: IRF TREE FARM & ORNAMENTALS LLC

## Current Principal Place of Business:

2331 N. STATE ROAD 7  
203  
LAUDERHILL, FL 33313

## New Principal Place of Business:

5555 1/2 200TH TRAIL NORTH / DENNIS DR.  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

2331 N. STATE ROAD 7  
203  
LAUDERHILL, FL 33313

## New Mailing Address:

2331 NORTH STATE ROAD 7  
203  
LAUDERHILL, FL 33313

FEI Number: 06-1810194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COKER, KALEEL A  
5335 N.W. 10TH COURT  
207  
LAUDERHILL, FL 33313 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: MGRM ( ) Delete  
Name: COKER, KALEEL A  
Address: 5335 NW 10TH COURT  
City-St-Zip: PLANTATION, FL 33313

Title: MGRM ( ) Delete  
Name: COKER, ELLOEEN F  
Address: 11521 NW 29TH MANOR  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: COKER, KALEEL A  
Address: 5335 NW 10TH COURT APT # 207  
City-St-Zip: PLANTATION, FL 33313

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

I hereby certify that the information supplied with this filing does not qualify 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: K. COKER

MGRM

04/29/2007

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