

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102008

FILED
May 03, 2010
Secretary of State

Entity Name: IRF TREE FARM & ORNAMENTALS LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2331 NORTH STATE ROAD 7
SUITE # 203
LAUDERHILL, FL 33313 US

New Mailing Address:

FEI Number: 06-1810194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COKER, KETANIA D
5335 N.W. 10TH COURT
207
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

COKER, KETANIA D
9619 MAXON DRIVE
LAND O LAKES, FL 34638 US

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: KETANIA COKER

05/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR
Name: COKER, FRANCINE A
Address: 10338 WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR
Name: COKER, KAYMONISHA N
Address: 11521 NW 29TH MANOR
City-St-Zip: SUNRISE, FL 33323 US

Title: MGR
Name: COKER, KETANIA D
Address: 9619 MAXON DRIVE
City-St-Zip: LAUDERHILL, FL 33313 US

I hereby 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

05/03/2010

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