2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L06000106483

Entity Name: SHADE TREE, LLC

Current Principal Place of Business:

420 NORTH BOUNDARY AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

420 NORTH BOUNDARY AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-2863482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IVAN, MICHAEL J JR ESQ.
IVAN & COLE, P.A.
ONE INDEPENDENT SQUARE, STE. 3131
JACKSONVILLE, FL 32202 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: MGR ( ) Delete
Name: WHITE, MARC A
Address: 1333 BLACKMON ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR ( ) Delete
Name: COX, HENRY
Address: 57 ROBINS ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR (X) Delete
Name: MCNEAL, KERMIT
Address: 25440 MARDON CIRCLE
City-St-Zip: PAISLEY, FL 32767

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MCNEAL, KERMIT
Address: 25440 MARDON CIRCLE
City-St-Zip: PAISLEY, FL 32767

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: KERMIT MCNEAL MGR 03/27/2009

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