## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Jan 25, 2008 08:00 A Secretary of State

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1. Entity Name 6075 BIRCH TREE, LLC



Principal Place of Business

Mailing Address

862 WEST 13TH COURT RIVIERA BEACH, FL 33404 862 WEST 13TH COURT RIVIERA BEACH, FL 33404



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5938250 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

WIDDOWS, JAY R 862 WEST 13TH COURT RIVIERA BEACH, FL 33404

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	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, the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WIDDOWS, JAY R
STREET ADDRESS	862 WEST 13TH COURT
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	MGRM
NAME	WIDDOWS, EDWIN J
STREET ADDRESS	862 WEST 13TH COURT
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	MGRM
NAME	WIDDOWS, GREGORY L
STREET ADDRESS	7514 HAZELWOOD CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	MGRM
NAME	WIDDOWS, JOANNA
STREET ADDRESS	2032 VALENCIA DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	,
City-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/08

561 842 170

Daytime Phone #