2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116841

Entity Name: HEAVENS TREE SERVICE LLC

FILED Jul 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

102 NE 10TH AVE., SUITE 14 102 NE 10TH AVE., SUITE 15 GAINESVILLE, FL 32601 GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

 102 NE 10TH AVE., SUITE 14
 102 NE 10TH AVE., SUITE 15

 GAINESVILLE, FL 32601
 GAINESVILLE, FL 32601

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

DEANE, JOHN DEANE, JOHN

 102 NE 10TH AVE., SUITE 14
 102 NE 10TH AVE., SUITE 15

 GAINESVILLE, FL 32601
 US

 GAINESVILLE, FL 32601
 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: JD.... 07/25/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

Name: DEANE, JOHN
Address: 102 NE 10TH AVE., SUITE 14

City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete
Name: KENNEDY, KEVIN
Address: 24515 SW 61 ST. PLACE

 City-St-Zip:
 GAINESVILLE, FL 32669

 Title:
 MGR () Delete

 Name:
 DAVIS, SCOTT

 Name:
 DAVIS, SCOTT

 Address:
 2941 1/2 NW 6TH ST.

 City-St-Zip:
 GAINESVILLE, FL 32609

Title: MGR () Delete Name: TIMMERMAN, TIM

Address: 24515 SW 61 ST. PLACE City-St-Zip: GAINESVILLE, FL 32669

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: DEANE, JOHN

Address: 102 NE 10TH AVE., SUITE 15 City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM (X) Change () Addition

 Name:
 KENNEDY, KEVIN

 Address:
 24515 SW 61 ST. PLACE

 City-St-Zip:
 NEWBERRY, FL 32669

Title: MGR (X) Change () Addition

 Name:
 ROWE, ULYSS C

 Address:
 7831 NE 185 AVE

 City-St-Zip:
 WILLSTON, FL 32696

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: JD.... MGRM 07/25/2007