2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L07000032726

Entity Name: FICUS TREE, LLC

Current Principal Place of Business:

591 RUM ROAD
NORTH CAPTIVA, FL 33945 US

New Principal Place of Business:

11660 STRINGFELLOW ROAD
BOKEELIA, FL 33922 US

Current Mailing Address:

PO BOX 641
PINELAND, FL 33945 US

New Mailing Address:

11660 STRINGFELLOW ROAD
BOKEELIA, FL 33922 US

FEI Number: 37-1540603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARMOSZUK, DIANE MRS.
591 RUM ROAD, PO BOX 641
PINELAND, FL 33945 US

Name and Address of New Registered Agent:

JARMOSZUK, DIANE MRS.
11660 STRINGFELLOW ROAD
BOKEELIA, FL 33922 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: DIANE JARMOSZUK 04/03/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JARMOSZUK, NICHOLAS MR.
Address: 21884 AVALON DRIVE
City-St-Zip: ROCKY RIVER, OH 44116 US

Title: MGRM ( ) Delete
Name: JARMOSZUK, DIANE MRS.
Address: 591 RUM ROAD, PO BOX 641
City-St-Zip: PINELAND, FL 33945 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JARMOSZUK, DIANE MRS.
Address: 11660 STRINGFELLOW ROAD
City-St-Zip: BOKEELIA, FL 33922 US

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: DIANE JARMOSZUK MGRM 04/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date