2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061771

Address:

City-St-Zip:

3159 E C 48

CENTER HILL, FL 33514

Entity Name: CORNER STEP TREES, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: CENTER HILL, FL 33514 **Current Mailing Address: New Mailing Address:** 3159 E C 48 CENTER HILL, FL 33514 FEI Number: 23-0329083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELLS, DARRELL 3159 E C 48 CENTER HILL, FL 33514 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete WELLS, DARRELL Name: Name: Address: 96 COUNTRY ROAD 532C Address: City-St-Zip: BUSHNELL, FL 33513 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: WELLS, KALLYN Name: Address: 96 COUNTRY ROAD 532C Address: City-St-Zip: BUSHNELL, FL 33513 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PITTS, JOANN Name: Name: Address: 3159 E C 48 Address: City-St-Zip: CENTER HILL, FL 33514 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: PITTS, RONALD Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOANN PITTS MGR 04/30/2009