

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000013042**

1. Entity Name  
**SPRINGTREE, LLC**

FILED

01 MAY -1 PM 5:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
11050 SANTA MONICA BLVD., STE. 150      11050 SANTA MONICA BLVD., STE. 150  
LOS ANGELES CA 90025      LOS ANGELES CA 90025

2. Principal Place of Business      3. Mailing Address  
**10933 Wellworth Ave**      **10933 Wellworth Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#6**      **#6**

City & State      City & State  
**Los Angeles, CA**      **Los Angeles, CA**

Zip      Country      Zip      Country  
**90024**      **USA**      **90024**      **USA**

4. FEI Number      Applied For  
**58-2579244**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEUKAMM, MICHAEL E**  
**C/O GRAY, HARRIS & ROBINSON, P.A.**  
**301 E. PINE ST., STE. 1400**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name  
**Chris Sullivan c/o CBA Property Mgmt**  
Street Address (P.O. Box Number is Not Acceptable)  
**7154 N. University Dr #265**  
City **Tamarac** FL Zip Code **33321**

8. 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 *[Signature]*      DATE **4/24/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PST	Baker, Conrad C	10933 Wellworth Ave., #6	Los Angeles, CA 90024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CD	Baker, Conrad C	10933 Wellworth Ave., #6	Los Angeles, CA 90024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*      DATE **4/30/01**      Daytime Phone # **(310) 445-2500 x105**

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

Date

Daytime Phone #

CR2E083 (11/00)