


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90025 050 \*\*\*\*50.00

<b>DOCUMENT # L00000013042</b>					
1. Entity Name SPRINGTREE, LLC					
Principal Place of Business 10933 WELLWORTH AVE., #6 LOS ANGELES, CA 90024			Mailing Address 10933 WELLWORTH AVE., #6 LOS ANGELES, CA 90024		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANTHONY, JOHN 201 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602				Name David Black - Frank Weinberg Black, P.L. Street Address (P.O. Box Number is Not Acceptable) 7805 S.W. 6th COURT City Plantation FL Zip Code 33324	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Carl C. Baker</u> DATE <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	PST			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CONRAD C	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	10933 WELLWORTH AVE., #6			STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90024			CITY-ST-ZIP	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CONRAD C			NAME	
STREET ADDRESS	10933 WELLWORTH AVE., #6			STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 90024			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Carl C. Baker</u>				Date <u>4/26/06</u> Daytime Phone # <u>304-250-3000</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					