



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000021124 1. Entity Name TREELINE PROPERTIES, LLC |  |
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|---|--|
| Principal Place of Business 9911 BAUARIA RD FORT MYERS, FL 33913 US | Mailing Address 9911 BAUARIA RD SUITE 407 FORT MYERS, FL 33913 US |
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|  | |
| 01102007 No Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number 20-0876905 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

VIGNE, ROBERT A
6184 COCOS DR
FORT MYERS, FL 33908

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

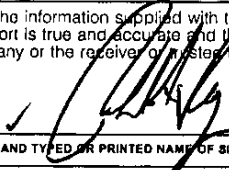
Filing Fee is \$50.00
Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VIGNE, ROBERT A 9911 BAVARIA RD FORT MYERS, FL 33913 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VIGNE, DAVID 9911 BAVARIA RD SAINT PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VIGNE, RICHARD 9911 BAVARIA RD SAINT PETERSBURG, FL 33713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ERICKSON, KEN 9911 BAVARIA RD FORT MYERS, FL 33913 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHIELDS, JOHN 9911 BAVARIA RD FORT MYERS, FL 33913 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/22/07-80055-018 55.00

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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 master empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Robert A. Vigne ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #