


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 MAY -3 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002184					
1. Entity Name CHRISTMAS TREE RIDGE, LLC					
Principal Place of Business 29605 US 19, SUITE 130 CLEARWATER FL 33761			Mailing Address 29605 US 19, SUITE 130 CLEARWATER FL 33761		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PEASE, THOMAS E 29605 US 19, SUITE 130 CLEARWATER FL 33761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEASE, THOMAS E 3025 ARBOR OAKS DR TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400075218484 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/25/06--01007--006 **200.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas E Pease TEPEASE 4/18/06 727-785-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #