


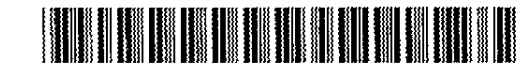
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014664	
1. Entity Name LIMETREE LANE, L.L.C.	

Principal Place of Business 15 CORNELL ROAD VENICE, FL 34293	Mailing Address 956 OAKWOOD RD., #133 #133 ROCHESTER, MI 48307
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-LLC CR2E093 (10/03)

4. FEI Number 31-1765888	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

PETER, LYNNE C
15 CORNELL ROAD
VENICE, FL 34293

**DO NOT WRITE
IN THIS SPACE**

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 *Lynne C Peter* **DATE** 3-1-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETER, LYNNE 15 CORNELL ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOODS, GALE B 956 OAKWOOD DRIVE, APT. 133 ROCHESTER, MI 48307
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HADLEY, JUDITH 9701 OAKLEY ROAD ZEBULON, NC 27597
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/12/04-80037-018 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Gale B Woods* *GALE B Woods* **DATE** 4-5-04 248-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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