


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014664</b>	
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**



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 31-1765888	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	
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 2-28-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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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03/04/05-80045-018 50.00

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 02-23-05 248-645-7245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #