

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000014664 1. Entity Name LIMETREE LANE, L.L.C.	
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Principal Place of Business 15 CORNELL ROAD VENICE, FL 34293	Mailing Address 9701 OAKLEY RD ZEBULON, NC 27597
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03272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1765888	Applied For Not Applicable
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
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

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
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IN THIS SPACE**

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05/02/07-80114-010 50.00

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: Judith N. Hadley 4/16/07 (REG) 404-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #