

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 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
9701 OAKLEY RD
ZEBULON, NC 27597



05012008 No Chg-LLC

CR2E083 (12/07)

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**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000946903
05/30/08-80067-025 138.75

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-29-08

Date

919-404-4779

Daytime Phone #