


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002760	
1. Entity Name TREELINE SETTLEMENT TRUST, LLC	

Principal Place of Business 1470 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919	Mailing Address 1470 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919
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01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0082645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCINTYRE, RICHARD J 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, WILLIAM C 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL 33919
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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: WILLIAM C. HUGHES <i>William C. Hughes</i>	MANAGER	1/16/04 239-939-2233
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>