

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 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



03222005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

30-0082645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HUGHES, WILLIAM C  
STREET ADDRESS 1470 ROYAL PALM SQUARE BLVD  
CITY-ST-ZIP FORT MYERS, FL 33919

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U00000358527  
05/04/05-80118-015 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:** *William C. Hughes* **WILLIAM C. HUGHES**

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

*3/23/05*

Date

*239-939-2233*

Daytime Phone #