

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000031736

**1. Entity Name
BANYAN TREE INVESTMENTS, LLC**



**Principal Place of Business
19 E. BROADWAY ST
OVIEDO, FL 32765 US**

**Mailing Address
19 E. BROADWAY ST
OVIEDO, FL 32765 US**



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
37-1450633**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STALEY, NEIL E
19 E. BROADWAY ST
OVIEDO, FL 32765**

**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

Neil E. Staley
Signature, typed or printed name of registered agent and title if applicable.

Neil E. Staley
(NOTE: Registered Agent signature required when reinstating)

1/13/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STARR, ROBERT A SR.
STREET ADDRESS	4713 RIVERTON DRIVE
CITY-ST- ZIP	ORLANDO, FL 32817
TITLE	MGRM
NAME	STALEY, NEIL
STREET ADDRESS	1547 BRAEWICK STREET
CITY-ST- ZIP	WINTER SPRINGS, FL 32708
TITLE	MGRM
NAME	PAYCER, WAYNE
STREET ADDRESS	1104 SHADOWBROOK TR.
CITY-ST- ZIP	WINTER SPRINGS, FL 32708
TITLE	MGRM
NAME	HEINBERG, JAE
STREET ADDRESS	2413 W. SUNSET DR
CITY-ST- ZIP	TAMPA, FL 33269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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IN THIS SPACE**

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01/16/04-80002-002 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:

Neil E. Staley

Neil E. Staley

1/13/04

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

Date

Daytime Phone #