

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90092 010 ****50.00

24001667



01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number **33-1055098** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒

DOCUMENT # L03000015242
1. Entity Name
RAINTREE ACRES, L.L.C.



Principal Place of Business
**105 DUNBAR AVE., STE. H
OLDSMAR, FL 34677**

Mailing Address
**105 DUNBAR AVE., STE. H
OLDSMAR, FL 34677**

2. Principal Place of Business
105 DUNBAR AVE
Suite, Apt. #, etc.
SUITE D
City & State
OLDSMAR FL
Zip
34677 Country

3. Mailing Address
105 DUNBAR AVE
Suite, Apt. #, etc.
SUITE D
City & State
OLDSMAR FL
Zip
34677 Country

6. Name and Address of Current Registered Agent
**GASSMAN, ALAN S ESQ
1245 COURT ST., STE. 102
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEAKLEY, DALE E 105 DUNBAR AVE., STE. H OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEAKLEY, KENT A 105 DUNBAR AVE., STE. H OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDRICH, CHARLES W 105 DUNBAR AVE., STE. H OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: *Dale E. Bleakley* **DALE E. BLEAKLEY** **813-855-5704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #