

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90036 010 ****50.00

DOCUMENT # L03000015242 1. Entity Name RAINTREE ACRES, L.L.C.			
Principal Place of Business 105 DUNBAR AVE., STE. D OLDSMAR, FL 34677		Mailing Address 105 DUNBAR AVE., STE. D OLDSMAR, FL 34677	
2. Principal Place of Business 3870 Tampa Rd Suite, Apt. #, etc. Suite E City & State Oldsmar, FL Zip 34677		3. Mailing Address 3870 Tampa Rd Suite, Apt. #, etc. Suite E City & State Oldsmar, FL Zip 34677	
4. FEI Number 33-1055098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03162005 Chg-LLC CR2E083 (10/03)	
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 Dale E Bleakley Street Address (P.O. Box Number is Not Acceptable) 3870 Tampa Rd, Ste E City Oldsmar FL Zip Code 34677	
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 <i>Dale E Bleakley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Dale E. Bleakley <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 4-15-05 <small>DATE</small>		Filing Fee is \$50.00 Due by May 1, 2005	
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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Dale E Bleakley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Dale E. Bleakley, Manager <small>Date</small> 4-15-05 813-855-5704 <small>Daytime Phone #</small>	