

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015242

Entity Name: RAINTREE ACRES, L.L.C.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

3870 TAMPA RD
SUITE E
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3870 TAMPA RD
SUITE E
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 33-1055098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEAKLEY, DALE E
3870 TAMPA RD
STE E
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLEAKLEY, DALE E
Address: 3870 TAMPA RD, STE E
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: BLEAKLEY, KENT A
Address: 3870 TAMPA RD, STE E
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: ALDRICH, CHARLES W
Address: 3870 TAMPA RD, STE E
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date