## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # L03000015242  1. Entity Name RAINTREE ACRES, L.L.C.					03-31-2008 90274 043 ***138.75				
Principal Place 3870 TAMPA SUITE E	ARD L 34677	Mailing Address 3870 TAMPA RD SUITE E OLDSMAR, FL 34677				60 <u>0</u> 189	632		<i>,</i>
2. Principal Place of Business - No P.O. Box #  1730 - S - PINELLAS AVE  Suite, Apt. #, etc.		3. Mailing Address  1730 S. PINELLAS AVE  Suite, Apt. #, etc.		Q V E	03262008	Chg-LLC	CR2E	883 (12/06)	
SulT City & State		SUITE N City & State			4. FEI Number			· , · , · .	plied For
	ON SPRINGS FL	TARPON SPRI	NGS F	2	33-1055			<del>                                      </del>	t Applicable
Zip	Country	Zip 34689	Country		5. Certificate of	of Status Desired	П	\$5.00 Add Fee Required	
34689		7. Name and Address of New Registered Agent							
	***		Name						
BLEAKLEY, DALE E 3870 TAMPA RD STE E						r is Not Acceptable	le)		
OLDSMAR, FL 34677			Sui	T & /	<b>v</b>				
			City	TARPON SPRINGS FL Zip Code 34689					
the obligat	named entity submits this statement for ions of registered agent.  Jack Signature, typed or printed name of registered agent a	les	egistered office o	BLEAK	(LEY	n, in the State of Fl	,	1 familiar with,	and accept
2.2	<u>\( \)</u>	///			,		Ann a c	*****	3.
	NOW!!!-FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			gen_a		Mal Florid	ke check la Departr	payable to — nent of State	<del>,                                    </del>
After May	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	10.	·····		Mal Florid ADDITIONS	la Departr	nent of State	74 (45 74 74 /
9:	/ 1, 2008 Fee will be \$538.75  MANAGING MEMBE MGRM		TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDITIONS	la Departr	S Change	Addition
After May	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS		1730	=	ADDITIONS	CHANGE	S Change	☐ Addition
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11. I nereby certify that the information supplied with ritis filling does not quality for the exemptions contained in Chapter 119, Horida 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: MALES BLAKLEY 3 27 2008 727-942-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MONAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysone Prome #