


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-31-2008 90274 043 \*\*\*138.75

DOCUMENT # L03000015242					
1. Entity Name <b>RAINTREE ACRES, L.L.C.</b>					
Principal Place of Business <b>3870 TAMPA RD. SUITE E OLDSMAR, FL 34677</b>			Mailing Address <b>3870 TAMPA RD SUITE E OLDSMAR, FL 34677</b>		
2. Principal Place of Business - No P.O. Box # <b>1730 S. PINELLAS AVE</b>		3. Mailing Address <b>1730 S. PINELLAS AVE</b>			
Suite, Apt. #, etc. <b>SUITE N</b>		Suite, Apt. #, etc. <b>SUITE N</b>			
City & State <b>TARPON SPRINGS FL</b>		City & State <b>TARPON SPRINGS FL</b>			
Zip <b>34689</b>		Zip <b>34689</b>		Country	
4. FEI Number <b>33-1055098</b>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>BLEAKLEY, DALE E 3870 TAMPA RD STE E OLDSMAR, FL 34677</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>1730 S PINELLAS AVE</b>		
			<b>SUITE N</b>		
			City <b>TARPON SPRINGS FL</b>		Zip Code <b>34689</b>
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 <u><i>Dale E Bleakley</i></u> <b>DALE E BLEAKLEY</b> <b>3/27/2008</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b>				<b>Make check payable to</b>	
<b>After May 1, 2008 Fee will be \$538.75</b>				<b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEAKLEY, DALE E 3870 TAMPA RD, STE E OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1730 S PINELLAS AVE SUITE N TARPON SPRINGS FL 34689</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEAKLEY, KENT A 3870 TAMPA RD, STE E OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1730 S PINELLAS AVE SUITE N TARPON SPRINGS FL 34689</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALDRICH, CHARLES W 3870 TAMPA RD, STE E OLDSMAR, FL 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1730 S PINELLAS AVE SUITE N TARPON SPRINGS FL 34689</b>	
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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Dale E Bleakley</i></u> <b>DALE E. BLEAKLEY</b> <b>3/27/2008</b> <b>727-942-0404</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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