


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000024857</b>		
1. Entity Name <b>BOKEELIA TREE COMPANY, LLC</b>		
Principal Place of Business <b>1130 PONDELLA ROAD SUITE 3 N. FT. MYERS, FL 33903</b>		Mailing Address <b>1130 PONDELLA ROAD SUITE 3 N. FT. MYERS, FL 33903</b>
2. Principal Place of Business <b>1130 Pondella Road</b>		3. Mailing Address <b>1130 Pondella Road</b>
Suits, Apt. #, etc. <b>Suite 3</b>		Suits, Apt. #, etc. <b>Suite 3</b>
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>
Zip <b>33909</b>	Country	Zip <b>33909</b>
Country		Country
4. FEI Number <b>20-0079779</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>HONG, VINCENT E 1130 PONDELLA ROAD SUITE 3 NO. FT. MYERS, FL 33903</b>		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		<b>FL</b> 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 _____		DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HONG, VINCENT E 1130 PONDELLA ROAD, SUITE 3 NO. FT. MYERS, FL 33903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP



02142008 Chg-LLC CR2E083 (11/05)

1100000439643  
05/02/06 80004-01-01  Change  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:** *Vincent E Hong* **Feb 15, 2006 (239)458-3335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #