


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000024857**

1. Entity Name  
**BOKEELIA TREE COMPANY, LLC**



|   |   |
|---|---|
| Principal Place of Business<br><b>1130 PONDELLA ROAD<br/>         SUITE 3<br/>         CAPE CORAL, FL 33909</b> | Mailing Address<br><b>1130 PONDELLA ROAD<br/>         SUITE 3<br/>         CAPE CORAL, FL 33909</b> |
|---|---|



01082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-0079779</b>                        | Applied For<br>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

**HONC, VINCENT E  
 1130 PONDELLA ROAD  
 SUITE 3  
 CAPE CORAL, FL 33909**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$938.75**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HONC, VINCENT E<br>1130 PONDELLA ROAD, SUITE 3<br>CAPE CORAL, FL 33909 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000783274  
 01/16/08-80008-016 138.75

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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 Honc **1-10-08**

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