

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90081 022 \*\*\*\*50.00

20004810



01312006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000021124</b> 1. Entity Name <b>TREELINE PROPERTIES, LLC</b>					
Principal Place of Business <b>3949 EVANS AVE SUITE 407 FORT MYERS, FL 33901 US</b>			Mailing Address <b>3949 EVANS AVE SUITE 407 FORT MYERS, FL 33901 US</b>		
2. Principal Place of Business <b>9911 BAVARIA ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>9911 BAVARIA ROAD</b> Suite, Apt. #, etc.			
City & State <b>FORT MYERS, FLORIDA</b>		City & State <b>FORT MYERS, FLORIDA</b>		4. FEI Number <b>20-0876905</b>	
Zip <b>33913</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VIGNE, ROBERT A 6184 COCOS DR FORT MYERS, FL 33908</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIGNE, ROBERT A 3949 EVANS AVE, SUITE 407 FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIGNE, ROBERT A 9911 BAVARIA ROAD FORT MYERS, FL 33913</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIGNE, DAVID 3949 EVANS AVE, SUITE 407 FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIGNE, DAVID 9911 BAVARIA ROAD FT. MYERS, FLORIDA 33913</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIGNE, RICHARD 3949 EVANS AVE, SUITE 407 FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIGNE, RICHARD 9911 BAVARIA ROAD FORT MYERS, FLORIDA 33913</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ERICKSON, KEN 3949 EVANS AVE, SUITE 407 FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ERICKSON, KEN 9911 BAVARIA ROAD FORT MYERS, FLORIDA 33913</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHIELDS, JOHN 3949 EVANS AVE, SUITE 407 FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHIELDS, JOHN 9911 BAVARIA ROAD FT. MYERS, FLORIDA 33913</b> <input checked="" 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.					
<b>SIGNATURE:</b>			<b>1/31/06 239-9394313</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		