

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021124

1. Entity Name
TREELINE PROPERTIES, LLC



Principal Place of Business
**9911 BAUARIA RD
FORT MYERS, FL 33913 US**

Mailing Address
**9911 BAUARIA RD
SUITE 407
FORT MYERS, FL 33913 US**



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0876905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VIGNE, ROBERT A
6184 COCOS DR
FORT MYERS, FL 33908**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | VIGNE, ROBERT A |
| STREET ADDRESS | 9911 BAVARIA RD |
| CITY-ST-ZIP | FORT MYERS, FL 33913 |
| TITLE | MGRM |
| NAME | VIGNE, DAVID |
| STREET ADDRESS | 9911 BAVARIA RD |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33713 |
| TITLE | MGRM |
| NAME | VIGNE, RICHARD |
| STREET ADDRESS | 9911 BAVARIA RD |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33713 |
| TITLE | MGRM |
| NAME | ERICKSON, KEN |
| STREET ADDRESS | 9911 BAVARIA RD |
| CITY-ST-ZIP | FORT MYERS, FL 33913 |
| TITLE | MGRM |
| NAME | SHIELDS, JOHN |
| STREET ADDRESS | 9911 BAVARIA RD |
| CITY-ST-ZIP | FORT MYERS, FL 33913 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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 master empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Robert A. Vigne

Date

Daytime Phone #