


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90044 007 \*\*\*143.75

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
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60001270

2. Principal Place of Business - No P.O. Box # 9911 Bavaria Rd	3. Mailing Address 9911 Bavaria Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers FL	City & State Fort Myers FL
Zip 33913	Country
Country	Zip 33913

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0876905	Applied For Not Applicable
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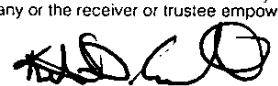
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VIGNE, ROBERT A 6184 COCOS DR FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating)	DATE
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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	MGRM VIGNE, ROBERT A 9911 BAVARIA RD FORT MYERS, FL 33913 <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	MGRM VIGNE, DAVID 9911 BAVARIA RD <del>SAINT PETERSBURG, FL 33742</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fort Myers FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIGNE, RICHARD 9911 BAVARIA RD <del>SAINT PETERSBURG, FL 33742</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fort Myers FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, KEN 9911 BAVARIA RD FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition no change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIELDS, JOHN 9911 BAVARIA RD FORT MYERS, FL 33913 <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: 	Ken Erickson 1/10/08 239-939-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #