

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021124

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: TREELINE PROPERTIES, LLC

**Current Principal Place of Business:**

9911 BAVARIA RD  
FORT MYERS, FL 33913 US

**New Principal Place of Business:**

**Current Mailing Address:**

9911 BAVARIA RD  
SUITE 407  
FORT MYERS, FL 33913 US

**New Mailing Address:**

FEI Number: 20-0876905      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VIGNE, ROBERT A  
Address: 9911 BAVARIA RD  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete  
Name: VIGNE, DAVID  
Address: 9911 BAVARIA RD  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete  
Name: VIGNE, RICHARD  
Address: 9911 BAVARIA RD  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete  
Name: ERICKSON, KEN  
Address: 9911 BAVARIA RD  
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM ( ) Delete  
Name: SHIELDS, JOHN  
Address: 9911 BAVARIA RD  
City-St-Zip: FORT MYERS, FL 33913 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date