## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000051663**

1. Entity Name

LOST TREE PRESERVE, LLC



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410 3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410



03232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	,		Applied For
NOT APPLICABLE		Γ	Not Applicable
5. Certificate of Status Desired	\$5.0 Fee F		Additional

.

6. Name and Address of Current Registered Agent

STONE, HELEN E 3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)  DATE
FI	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	*; * * * * * * * * * * * * * * * * * *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOST TREE VILLAGE CORPORATION 3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410	U00000718769 05/01/07-80034-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		US/UI/U/~8UU34-UIS SO.UU
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Honda Statutes. I further certify that the information indicated on this report is tue 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 of the receiver or sustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SNATURE: DAMA STATE OF PRINTEN ASPEN SIGNING MANAGING MEM

3.30.07

Date

Daytime Phone #