2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L04000063179

Entity Name: CROOKED TREE LLC

Current Principal Place of Business:

269 BAREFOOT BEACH BLVD #PH2
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

269 BAREFOOT BEACH BLVD #PH2
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 25-9847883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, KATHRYN H
269 BAREFOOT BEACH BLVD #PH2
BONITA SPRINGS, FL 34134 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: HUNTER, KATHRYN H
Address: 269 BAREFOOT BEACH BLVD #PH2
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: HUNTER, JACOB H
Address: 13903 12TH STREET
City-St-Zip: DADE CITY, FL 33525

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: JACOB H. HUNTER MR 02/04/2009

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