2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L04000077846

Entity Name: TREE TOPS HOLDINGS, LLC

Current Principal Place of Business:

10720 MONTAGUE STREET
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10720 MONTAGUE STREET
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-1834454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, TOM F
10720 MONTAGUE STREET
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

BROWN, TOM F SR.
10720 MONTAGUE STREET
TAMPA, FL 33626 US

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: TOM F. BROWN, SR. 04/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	TREE TOPS VENTURES,, INC.	
Address:	10720 MONTAGUE STREET	
City-St-Zip:	TAMPA, FL 33626	
Title:	MGRM	( ) Delete
Name:	BROWN, TOM F GRAT	
Address:	10720 MONTAGUE STREET	
City-St-Zip:	TAMPA, FL 33626	
Title:	MGRM	( ) Delete
Name:	BROWN, KATHERINE GRAT	
Address:	10720 MONTAGUE STREET	
City-St-Zip:	TAMPA, FL 33626	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM F. BROWN, SR. MGRM 04/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date