2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000000645

1. Entity Name
THE GREENTREE GROUP, LLC

Principal Place of Business	Mailing Address
8103 WOODRIDGE POINTE DRIVE FORT MYERS, FL 33912	8103 WOODRIDGE POINTE DRIVE FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

07242007No Chg-LLC CR2E083 (11/05)

4. FEI Number
38-3716351
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, BARBARA AIN
8103 WOODRIDGE POINTE DRIVE
FORT MYERS, FL 33912

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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 Barbara Ain Lieberman 7/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

100003770735
07/27/07-80004-022 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CRAWFORD, BARBARA F
STREET ADDRESS	9300 INDEPENDENCE WAY
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	MGRM
NAME	LIEBERMAN, BARBARA AIN
STREET ADDRESS	8103 WOODRIDGE POINTE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	JAFFE, BARBARA
STREET ADDRESS	5685 BALKAN COURT
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Barbara Ain Lieberman 7/22/07 239-768-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #