2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021058

1. Entity Name
TREETOP PROPERTIES LLC

Principal Place of Business	Mailing Address
1473 NW 105TH AVE PLANTATION, FL 33322	7358 BISHOP RD POLAND, OH 44514

DO NOT WRITE IN THIS SPACE

04212008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
32-0141396	Not Applicable

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

6. **Name and Address of Current Registered Agent**

BRIAN PRZYSTUP & ASSOCIATES LLC
1881 WASHINGTON AVE.
12-E
M. BEACH, FL 33139

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000936417
05/27/08-80008-021 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HOPPS, ALAN C
STREET ADDRESS	1473 NW 105TH AVE.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGRM
NAME	HOPPS, DINA L
STREET ADDRESS	1473 NW 105TH AVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #