


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2008 8:00 am**  
**Secretary of State**

07-25-2008 90015 017 \*\*\*138.75

<b>DOCUMENT # L05000056069</b>	
1. Entity Name <b>LIMETREE ASSOCIATES LLC</b>	

Principal Place of Business <b>C/O JUAN P. LOUMIET, ESQ. 1221 BRICKELL AVE. MIAMI, FL 33131</b>	Mailing Address <b>C/O JUAN P. LOUMIET, ESQ. 1221 BRICKELL AVE. MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>10520 NW 26 ST. - Ste. C201</b>	3. Mailing Address <i>C/O</i> <b>Cabanas &amp; Associates, P.A.</b>
Suite, Apt. #, etc. <b>10520 NW 26 ST. - Ste. C201</b>	Suite, Apt. #, etc. <b>10520 NW 26 ST. - Ste. C201</b>

City & State <b>Doral, FL</b>	City & State <b>Doral, FL</b>
Zip <b>33172</b>	Country <b>U.S.</b>

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07232008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2966385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LUMIET, JUAN P ESQ. C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVE. MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>Cabanas &amp; Associates, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10520 NW 26 St. - Ste. C201</b> City <b>Doral</b> FL Zip Code <b>33172</b>	
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>07/23/08</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUBNOW, VICTOR 105 CURLEW ROAD MANALAPAN, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUBNOW, MONIQUE 105 CURLEW ROAD MANALAPAN, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABANAS, JOSE 10520 NW 26TH STREET, C-201 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR Cabanas Jose E. 10520 NW 26 St. - C201 Doral, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUMIET, LUCRECIA R 1033 ANASTASIA AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Jose E. Cabanas</b>	Date <b>07/23/08</b> (305) 513 3639 Daytime Phone #