

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056069

FILED
Sep 18, 2009
Secretary of State

Entity Name: LIMETREE ASSOCIATES LLC

Current Principal Place of Business:

C/O CABANAS & ASSOCIATES, PA
10520 NW 26 ST, STE C201
DORAL, FL 33172

New Principal Place of Business:

C/O LIME TREE BAY RESORT
68500 OVERSEAS HWY
LONG KEY, FL 33001

Current Mailing Address:

C/O CABANAS & ASSOCIATES, PA
10520 NW 26 ST, STE C201
DORAL, FL 33172

New Mailing Address:

C/O JUAN P. LOUMIET
GREENBERG TRAUIG, P.A., 1221 BRICKELL AVE
MIAMI, FL 33131

FEI Number: 20-2966385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, PA
10520 NW 26 ST
STE C201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

LOUMIET, JUAN P
GREENBERG TRAUIG, P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131 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: JUAN P. LOUMIET

09/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUBNOW, VICTOR
Address: 105 CURLEW ROAD
City-St-Zip: MANALAPAN, FL 33462

Title: MGR () Delete
Name: BUBNOW, MONIQUE
Address: 105 CURLEW ROAD
City-St-Zip: MANALAPAN, FL 33462

Title: MGR (X) Delete
Name: CABANAS, JOSE
Address: 10520 NW 26 ST, C 201
City-St-Zip: DORAL, FL 33172

Title: MGR (X) Delete
Name: LOUMIET, LUCRECIA R
Address: 1033 ANASTASIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LOUMIET, JUAN P
Address: 1221 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

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 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: JUAN P. LOUMIET

MGR

09/18/2009

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