## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000093215

Entity Name: TREELINE, LLC

**FILED** Mar 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

875 S.E. 47TH TERRACE, SUITE 2 875 S.E. 47TH TERRACE CAPE CORAL, FL 33904

SUITE #2

CAPE CORAL, FL 33904

**Current Mailing Address: New Mailing Address:** 

875 S.E. 47TH TERRACE, SUITE 2 875 S.E. 47TH TERRACE CAPE CORAL, FL 33904 SUITE #2

CAPE CORAL, FL 33904

FEI Number: 20-3506251 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANNAH, JOANNE M HANNAH, JOANNE M 875 SE 47TH TERR STE 2 875 SE 47TH TERR US

CAPE CORAL, FL 33904 SUITE #2 CAPE CORAL, FL 33904 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: 03/21/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

HANNAH, JOANNE Name: Name: Address: 875 S.E. 47TH TERRACE, SUITE 2 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: HANNAH, DOUGLAS Name: Address: POB 770277 Address: City-St-Zip: NAPLES, FL 34107 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: JOANNE M HANNAH 03/21/2008