## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000100075

Entity Name: 100 TREELINE EAST, LLC

24676 CANARY ISLAND COURT #102

BONITA SPRINGS, FL 34134

Address:

City-St-Zip:

FILED May 22, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5245 BIG PINE WAY SUITE 102 5245 BIG PINE WAY FT MYERS, FL 33907 SUITE 102 FT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 5245 BIG PINE WAY SUITE 102 5245 BIG PINE WAY FT MYERS, FL 33907 SUITE 102 FT MYERS, FL 33907 FEI Number: 20-3527895 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: Name and Address of New Registered Agent: ROGAN, ROKKI ROGAN, ROKKI 5245 BIG PINE WAY 12581 NEW BRITTANY BLVD FT MYERS, FL 33907 US SUITE 102 FT MYERS, FL 33907 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: ROKKI ROGAN 05/22/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROGAN, ROKKI Name: Name: 11117 HARBOUR ESTATE CIRCLE Address: Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CAMACCI, MIHAEL A Name: Address: 19720 PRINCE BENJAMIN DRIVE Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MOUNCE, JOHN Name: Name: 15606 LIGHT BLUE CIRCLE Address: Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: BALLEW, DAVID Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ROKKI ROGAN MGRM 05/22/2006