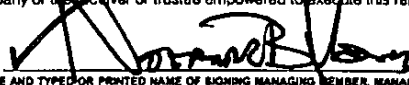


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90033 039 ****50.00

DOCUMENT # L05000120244					
1. Entity Name BLOXHAM TREELINE, LLC					
Principal Place of Business 12244 TREELINE AVENUE FORT MYERS, FL 33913			Mailing Address 12244 TREELINE AVENUE FORT MYERS, FL 33913		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. Suite #7			Suite, Apt. #, etc. Suite #7		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				4. FEI Number 20-3955446	
				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLOXHAM, NORMAN R 12244 TREELINE AVENUE FORT MYERS, FL 33913				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite #7	
				City FL Zip Code	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		☐ Delete	TITLE		☐ Change ☒ Addition
NAME			NAME	Manager	
STREET ADDRESS			STREET ADDRESS	Norman R. Bloxham	
CITY-ST-ZIP			CITY-ST-ZIP	12244 Treeline Ave, Suite 7	
				Fort Myers, FL 33913	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-5-06 239-728-2143		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Norman R. Bloxham, Authorized Representative