


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2 **FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90166 001 \*\*\*\*50.00

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L05000121158</b>   |   |    |   |
| 1. Entity Name<br><b>COLE TREELINE, LLC</b>  |   |   |   |
| Principal Place of Business<br><b>12344 TREELINE AVENUE<br/>SUITE 6<br/>FORT MYERS, FL 33913 US</b>  |   | Mailing Address<br><b>12344 TREELINE AVENUE<br/>SUITE 6<br/>FORT MYERS, FL 33913 US</b>   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number<br><b>05-1136859</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>COLE, JOHN E<br/>12344 TREELINE AVENUE<br/>SUITE 6<br/>FORT MYERS, FL 33913</b>  |   | 7. Name and Address of New Registered Agent<br>a. Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE: <u>John E. Cole</u> <i>[Signature]</i> DATE: <u>2/7/06</u><br><small>Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when necessary)</small>  |   |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   | Make check payable to<br>Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>COLE, JOHN E<br>11210 BENT PINE DRIVE<br>FORT MYERS, FL 33913 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.<br>SIGNATURE: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, EMPLOYEE, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> |   |   |   |



ATTACHMENT

30002701

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

COLE TREELINE, LLC  
12344 TREELINE AVENUE  
SUITE 6  
FORT MYERS, FL 33913 US

Subject: COLE TREELINE, LLC

Reference Number: L05000121158

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION