


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L06000010599</b>         |  |
| 1. Entity Name<br>TREETOP RESORTS, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>C/O ROBSAN INDUSTRIES, INC.<br>24 NE 24TH AVENUE<br>POMPANO BEACH, FL 33062 US | Mailing Address<br>C/O ROBSAN INDUSTRIES, INC.<br>24 NE 24TH AVENUE<br>POMPANO BEACH, FL 33062 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02132008No Chg-LLC CR2E083 (12/07)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-4215409  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

SMITH, DENNIS D ESQ.  
C/O TRIPP SCOTT, PA  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>COSTANTINI, ROBERT J<br>24 NE 24TH AVENUE<br>POMPANO BEACH, FL 33082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>COSTANTINI, SANDRA J<br>24 NE 24TH AVENUE<br>POMPANO BEACH, FL 33062 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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U000000891972  
04/23/08-80046-011 138.75

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:** Robert J Costantini 4/9/08 828-426-6501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #