

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080340

Entity Name: TREELINE CABINS LLC

FILED
Jan 07, 2007
Secretary of State

Current Principal Place of Business:

11619 RANCHETTE ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

11619 RANCHETTE ROAD
FORT MYERS, FL 33966

Current Mailing Address:

11619 RANCHETTE ROAD
FORT MYERS, FL 33912

New Mailing Address:

11619 RANCHETTE ROAD
FORT MYERS, FL 33966

FEI Number: 51-0597492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANT, HEATHER
11619 RANCHETTE ROAD
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

GRANT, HEATHER
11619 RANCHETTE ROAD
FORT MYERS, FL 33966 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: HEATHER GRANT

01/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRANT, HEATHER
Address: 11619 RANCHETTE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: GRANT, JASON
Address: 11619 RANCHETTE ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRANT, HEATHER
Address: 11619 RANCHETTE ROAD
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM (X) Change () Addition
Name: GRANT, JASON
Address: 11619 RANCHETTE ROAD
City-St-Zip: FORT MYERS, FL 33966

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.

SIGNATURE: HEATHER GRANT

MGR

01/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date