2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L07000014109



FILED Jan 22, 2008 8:00 am Secretary of State

1. Entity Name TREELINE TRINITY ENTERPRISES LLC						01-22-2008	90121 03	5 ***138	8.75
Principal Place of Business 9847 WEATHER STONE PLACE FORT MYERS, FL 33913		Mailing Address 9847 WEATHER STONE PLACE FORT MYERS, FL 33913		4 HARTAN EN	1 BZ:II (22)1 SZM ZZM ZZ	n esiel (ish ejiti	I I N eti aetie (c i	FOLIN ITS	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	01182008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State .		4. FEI Numb	853450	21		plied For t Applicable	
Zíp	Country	Zip	Country		T	of Status Desired	□ \$	5.00 Add se Required	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of New R	legistered A	jent	
SCHWARTZ, BARBARA K 3531 A VERONICA S. SHORMAKER BLVD.			Name Street	Address (P.O. Box Numb	er is Not Acceptable	e)		
FORT MY	ERS, FL 33916								
			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 .	Signature, typed or printed name of registered agent as	and this dispersionable (SECTE- D	annered Anare som		(uhan manahann)		DATE		
	Squature, typed or primed harte or registered agents a	id the elappicable. (NOTE: R	egistered Agent eign	store reduired	i wien reustatilg)		DATE		·
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						Fiorida	e check pa a Departme	nt of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME Street address	SCHWARTZ, PHILIP J 9847 WEATHER STONE PLACE		NAME STREET ADORESS						-
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	`					
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME	SCHWARTZ, BARBARA K		NAME						_
STREET ADORESS : CITY-ST-ZIP	9847 WEATHER STONE PLACE FORT MYERS, FL 33913		STREET ADDRESS CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE	+				☐ Change	☐ Addition
NAME	SCHAFFER, GLEN	L, Delete	NAME					Griange	- rwanton
STREET ADDRESS	17700 DEVORE LN		STREET ADDRESS						
CITY+ST-ZIP	FORT MYERS, FL 33913		C/TY-ST-ZIP	-					
TITLE NAME	MGRM SCHAFFER, TAMMY M	Delete	TITLE NAME					Change	Addition
STREET ADDRESS	17700 DEVORE LN		STREET AODRESS						
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		·				
title Nam e	MGRM WATKINS, ROBERT E JR	☐ Defete	TITLE					Change	Addition
STREET ADORESS	17220 MALAGO RD.		NAME STREET ADORESS	;					
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS	WATKINS, AMY E 17220 MALAGO RD.		NAME STREET ADORESS						ļ
CATY-ST-ZIP	FORT MYERS, FL 33912		CTY-ST-ZIP			·			
11. I hereby certify that the information supplied with this filting 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: Bankara K Selwark Barbara K Schwartz 1/18/08 481-206									
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone #									