


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90090 009 \*\*\*138.75

DOCUMENT # L07000066113

1. Entity Name  
 TREETOWN, LLC



Principal Place of Business Mailing Address

7211 ORANGE AVENUE  
 BOKEELIA FL 33922  
 US

PO BOX 3052  
 PINELAND FL 33945  
 US

TREETOWN LLC



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6520 STRAIN FELLOW RD. P.O. BOX 3052

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State

ST. JAMES City, FL. Pineland, FL.

Zip Country Zip Country

33956 US 33945 US

4. FEI Number Applied For

61-1537528 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BACKES, PETER  
 7211 ORANGE AVENUE  
 BOKELIA FL 33922

7. Name and Address of New Registered Agent

Name Peter Backes

Street Address (P.O. Box Number is Not Acceptable)  
 7211 ORANGE AVE.

City Bokeelia FL Zip Code 33922

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 Peter Backes (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BACKES, PETER PO BOX 3052 PINELAND FL 33945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Peter Backes PETER BACKES 1-30-08 770-3831 (239)

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