


# **PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99991</b> 1. Entity Name <b>LIMETREE HOLDINGS, INC.</b>					
Principal Place of Business <b>505 S FLAGLER DR SUITE 300 WEST PALM BEACH FL 33401</b>			Mailing Address <b>505 S FLAGLER DR SUITE 300 WEST PALM BEACH FL 33401</b>		
2. Principal Place of Business Suite, Apt #, etc City & State Zip Country			3. Mailing Address Suite, Apt #, etc City & State Zip Country		
4. FEI Number <b>65-0229913</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHOPIN, L. FRANK ESQ 505 S. FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CHOPIN, L. FRANK 505 S FLAGLER DRIVE, SUITE 300 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000056155 02/19/04-80008-018 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another I am empowered.					
<b>SIGNATURE:</b> <u>L. Frank Chopin</u> <b>L. Frank Chopin</b> <u>2/17/04</u> <u>361-653-9500</u>					



MOORE CR2E034 (11/03)