

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90160 016 \*\*\*150.00

<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 <b>ONE N. CLEMATIS STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 4297</b> Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH, FL</b> Zip <b>33401</b> Country <b>USA</b>		City & State <b>WEST PALM BEACH, FL</b> Zip <b>33402</b> Country <b>USA</b>	
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</b> Additional Fee Required	
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) <b>ONE N. CLEMATIS STREET</b> City <b>WEST PALM BEACH, FL</b> Zip Code <b>33401</b>	
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)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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</b> May Be Added to Fees	
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	<b>ONE N. CLEMATIS STREET WEST PALM BEACH, FL 33401</b> <input checked="" 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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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
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 all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/20/05</b> <b>50-655-9500</b> <small>Daytime Phone #</small>	