


**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90040 031 \*\*\*150.00


**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # F98000001718**  
 1. Entity Name  
**SLC PINECREST, INC.**



Principal Place of Business <b>5102 WEST LAUREL STREET        SUITE 700        TAMPA, FL 33607</b>	Mailing Address <b>T VENERACION 1050 CONNECTICUT AVE.        1050 CONNECTICUT AVENUE        WASHINGTON, DC 20036</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-4219960</b>	Applied For 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  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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 IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BEST, THILO D 5102 W. LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DELUCA, JON A 5102 W. LAUREL STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRIBOLET, PATRICK 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, THOMAS D 100 CRESCENT COURT, SUITE 1000 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCESNEY, JOSEPHINE 85 BROAD STREET NEW YORK, NY

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/13/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #