
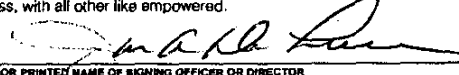


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000001718			
1. Entity Name SLC PINECREST, INC.			
Principal Place of Business 5102 WEST LAUREL STREET SUITE 700 TAMPA, FL 33607		Mailing Address T VENERACION 1050 CONNECTICUT AVE. 1050 CONNECTICUT AVENUE WASHINGTON, DC 20036	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		400099103954 04/27/07--01012--025 **150.00	
10. OFFICERS AND DIRECTORS			
TITLE	C	<input checked="" type="checkbox"/> Delete	
NAME	ROTHENBERG, STUART M		
STREET ADDRESS	85 BROAD STREET		
CITY-ST-ZIP	NEW YORK, NY		
TITLE	PCEO	<input type="checkbox"/> Delete	
NAME	BEST, THILO D		
STREET ADDRESS	5102 W. LAUREL STREET		
CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	VCFO	<input type="checkbox"/> Delete	
NAME	DELUCA, JON A		
STREET ADDRESS	5102 W. LAUREL STREET		
CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	VS	<input checked="" type="checkbox"/> Delete	
NAME	TRIBOLET, PATRICK		
STREET ADDRESS	100 CRESCENT COURT, SUITE 1000		
CITY-ST-ZIP	DALLAS, TX 75201		
TITLE	V	<input checked="" type="checkbox"/> Delete	
NAME	FERGUSON, THOMAS D		
STREET ADDRESS	100 CRESCENT COURT, SUITE 1000		
CITY-ST-ZIP	DALLAS, TX 75201		
TITLE	VT	<input checked="" type="checkbox"/> Delete	
NAME	SCESNEY, JOSEPHINE		
STREET ADDRESS	85 BROAD STREET		
CITY-ST-ZIP	NEW YORK, NY		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CCEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thilo D. Best		
STREET ADDRESS	5102 W. Laurel St., Suite 700		
CITY-ST-ZIP	Tampa, FL 33607		
TITLE	PCFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jon A. DeLuca		
STREET ADDRESS	5102 W. Laurel St., Suite 700		
CITY-ST-ZIP	Tampa, FL 33607		
TITLE	COOVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stephen Benjamin		
STREET ADDRESS	5102 W. Laurel St., Suite 700		
CITY-ST-ZIP	Tampa, FL 33607		
TITLE	VPS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert Ezer		
STREET ADDRESS	100 Milverton Dr., Suite 700		
CITY-ST-ZIP	Mississauga, Ontario, L5R 4H1 Canada		
TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stephen Suske		
STREET ADDRESS	100 Milverton Dr., Suite 700		
CITY-ST-ZIP	Mississauga, Ontario, L5R 4H1 Canada		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: Jon A. DeLuca 		April 12, 2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	