


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000016503

1. Entity Name
PINE KNOLLS PARTNERS, LLC



Principal Place of Business
**806 QUITMAN HWY. NORTH
 GREENVILLE, FL 32331**

Mailing Address
**806 QUITMAN HWY. NORTH
 GREENVILLE, FL 32331**

DO NOT WRITE IN THIS SPACE



07122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-1437985 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYD, STEPHANIE R
 806 QUITMAN HWY. NORTH
 GREENVILLE, FL 32331**

**DO NOT WRITE
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHIS, CAROL BERGER 129 KIMBERLY RD EAST GRANBY, CT 06026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERGER, EDWARD JOHN 12 STILLMAN LN PLEASANTVILLE, NY 10570
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 07/14/06-80001-004 50.00

**DO NOT WRITE
 IN THIS SPACE**

11. 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 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: *Stephanie R Boyd* **7/7/2006** **(850)997-3855**

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