

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016503

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: PINE KNOLLS PARTNERS, LLC

**Current Principal Place of Business:**

806 QUITMAN HWY. NORTH  
GREENVILLE, FL 32331

**New Principal Place of Business:**

**Current Mailing Address:**

806 QUITMAN HWY. NORTH  
GREENVILLE, FL 32331

**New Mailing Address:**

FEI Number: 59-1437985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MATHIS, CAROL BERGER  
Address: 129 KIMBERLY RD  
City-St-Zip: EAST GRANBY, CT 06026

Title: ST ( ) Delete  
Name: BERGER, EDWARD JOHN  
Address: 12 STILLMAN LN  
City-St-Zip: PLEASANTVILLE, NY 10570

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MRS

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date