## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 24, 2005 08:00 AM Secretary of State

|   | OCUMENT          | # | L02000024394 |
|---|------------------|---|--------------|
| 4 | Finally Allman a |   |              |

Entity Name
 PINE RUN, LLC



Principal Place of Business

2605 SW 33RD STREET, STE.200 OCALA, FL 34474

Mailing Address

2605 SW 33RD STREET, STE.200 OCALA, FL 34474



DO NOT WRITE IN THIS SPACE

02072005No Chg-LLC

CR2E083 (10/03)

4. FE! Number 22-3878432

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, KENNÉTH B 2605 SW 33RD STRÉĒT, STE.200 OCALA, FL 34474

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

|  |  |  | 18.202.2                              |
|--|--|--|---------------------------------------|
|  | named entity submits this statement for the purpose of cha<br>tions of registered agent. | anging Its registered office or registered agent, or both, in the State of Florida. I am familiar with, an   | id accept                             |
| SIGNATURE.                                     | Signature, typod or printed name of registered agent and title if applicable             | (NOTE: Registered Agent signature required whon reinstating)  DATE   |                                       |
| <del></del>                                    |  | (ACLE: sughished setting radius and records and records)   |                                       |
| F<br>D   | iling Fee is \$50.00<br>ue by May 1, 2005  |  |                                       |
| 9.   | MANAGING MEMBERS/MANAGERS  | Management and the state of the | <del></del>                           |
| TITLE<br>NAME                                  | MGRM<br>KIRKPATRICK, KENNETH R   |  |                                       |
| STREET ADDRESS<br>CITY-ST-ZIP                  | 2605 S.W. 33RD ST., SUITE 200<br>OCALA, FL 34474   | 4000001242527  |                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | 42.25.45-80002-022 50.00   | e e e e e e e e e e e e e e e e e e e |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DO NOT WRITE   |                                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | IN THIS SPACE  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |                                       |
| TITLE<br>NAME                                  |  | grant and different secondary full. Adaptive   |                                       |

11. 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 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.

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