



FILED
Jun 30, 2004 8:00 am
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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04-26-2004 90061 037 ****50.00

DOCUMENT # L03000007032			
1. Entity Name PINE MEADOWS, LLC			
Principal Place of Business 1130 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139		Mailing Address 1130 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139	
2. Principal Place of Business <i>1666 Kennedy Causeway</i>		3. Mailing Address <i>1666 Kennedy Causeway</i>	
Suite, Apt. #, etc. <i># 505</i>		Suite, Apt. #, etc. <i># 505</i>	
City & State <i>N. Bay Village, FL</i>		City & State <i>N. Bay Village, FL</i>	
Zip <i>33141</i>		Zip <i>33144</i>	
Country		Country	
4. FEI Number <i>82-0586640</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
8. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
9. 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 of, typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when registered	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 15, 2004			
MANAGING MEMBERS / MANAGERS			
TITLE MEMBER PRESIDENT <input type="checkbox"/> Delete ROBERT F. SALANK STREET ADDRESS 1666 Kennedy Causeway Suite CITY-ST-ZIP N. Bay Village FL 33141 505		TITLE TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE MEMBER V. PRES. & SECRETARY <input type="checkbox"/> Delete FRANCISCO ROJO STREET ADDRESS 1666 Kennedy Causeway Suite CITY-ST-ZIP N. Bay Village, FL 33144 505		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE: <i>5/10/04</i> (305) 338-9552 Doc. # <i>103</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Doc. #	

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MOORE CR2E083 (11/03)