


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State
FEB

| | | | | | |
|---|--|---------|---|---|---------|
| DOCUMENT # L03000007032 | | | |  | |
| 1. Entity Name PINE MEADOWS, LLC | | | | | |
| Principal Place of Business 1666 KENNEDY CAUSEWAY #505 N BAY VILLAGE FL 33141 | | | Mailing Address 1666 KENNEDY CAUSEWAY #505 N BAY VILLAGE FL 33141 | | |
| 2. Principal Place of Business | | | 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 MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130 | | | | 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.</small> | | | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | |



1st MOORE CR2E083 (10/05)

4. FEI Number **82-0588640** Applied For Not Applied For

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|------------------------------|--|--|-------------------------|---------------------------------|------------------------------|
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | SALANER, ROBERT F | | NAME | | |
| STREET ADDRESS | 1666 KENNEDY CAUSEWAY DUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N BAY VILLAGE FL 33141 | | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | REID, FRANCISCO | | NAME | | |
| STREET ADDRESS | 1666 KENNEDY CAUSEWAY DUITE 505 | | STREET ADDRESS | | |
| CITY-ST-ZIP | N BAY VILLAGE FL 33141 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

100000439533
03/02/06 80004-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated in 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:  **FRANCISCO REID** 2/14/06 (305) 535-9552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE