


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90096 007 ****50.00

DOCUMENT # L03000013085

1. Entity Name
PINTO REAL ESTATE DEVELOPMENT, LLC



Principal Place of Business
**16208 N. NEBRASKA AVENUE
 LUTZ, FL 33549**

Mailing Address
**1611 WEST PLATT STREET
 TAMPA, FL-33606**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
502 N. ARMENIA AVE.
 Suite, Apt. #, etc.


City & State
TAMPA FL

Zip
33609 Country
USA

6. Name and Address of Current Registered Agent

**KOEHLER, KEITH W
 1611 WEST PLATT STREET
 TAMPA, FL 33606**

20045134



04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0175167 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
KEITH W. KOEHLER

Street Address
Koehler & Company, P.A.

City
**502 North Armenia Avenue
 Tampa, FL 33609**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. I accept the obligations of registered agent.

SIGNATURE  DATE **4/20/05**

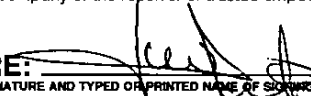
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PINTO, LUIS 4705 WINDFLOWER CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE:  DATE **4/22/05 (813) 810-0293**

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