

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90111 002 ****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
 502 N ARMENIA AVE
 TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
Koehler & Company, P.A.
401 North Howard Avenue
Tampa, FL 33606



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 30-0175167 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KOEHLER, KEITH W
 KOEHLER & COMPANY, P. A.
 502 N ARMENIA AVE
 TAMPA, FL 33609

7. Name and Address of New Registered Agent
 Name
KEITH W KOEHLER
 Koehler & Company, P.A.
 401 North Howard Avenue
 Tampa, FL 33606
 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered c the obligations of registered agent. familiar with, and accept

SIGNATURE 4/25/07 DATE

Filing Fee is \$50.00 Due by May 1, 2007

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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: 4-30-07 813-961-4571

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