

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051702

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: 3214 S.W. PINE ISLAND ROAD, L.L.C.

**Current Principal Place of Business:**

4353 MICHIGAN LINK  
FT. MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4353 MICHIGAN LINK  
FT. MYERS, FL 33916

**New Mailing Address:**

FEI Number: 77-0641882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAUTHEN, JOHNSON W  
4353 MICHIGAN LINK  
FT. MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAUTHEN, JOHNSON W  
Address: 4353 MICHIGAN LINK  
City-St-Zip: FORT MYERS, FL 33916

Title: MGR ( ) Delete  
Name: O'DONNELL, ALBERT  
Address: 4291 WILLIAMS RD  
City-St-Zip: ESTERO, FL 33928

Title: MGR ( ) Delete  
Name: O'DONNELL, PATRICIA  
Address: 4291 WILLIAMS RD  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHNSON W CAUTHEN

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date