

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L04000057082 1. Entity Name PINE ISLAND PARADISE INVESTMENTS, LLC	
---	---

Principal Place of Business 2307 DOUGLAS RD 400 MIAMI, FL 33145 US	Mailing Address 2307 DOUGLAS RD 400 MIAMI, FL 33145 US
---	---



04262007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1435740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI, FL 33145
--

DO NOT WRITE IN THIS SPACE

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: *Ida C Ovies* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$50.00
Due by May 1, 2007**

000000761415
05/25/07-80053-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OVIES, IDA C 2307 DOUGLAS RD STE 400 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OVIES, EDUARDO E 2307 DOUGLAS RD STE 400 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, ENRIQUE J 708 WEST PALM AIR DR POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Ida C Ovies* *MGR* *4/27/07*

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