FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90027 042 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027911

1. Entity Name
924 PINE ISLAND ROAD N.E., LLC

20008409

Principal Place of Business
909 MIRAMAR STREET, SUITE A
CAPE CORAL, FL 33904

Mailing Address
909 MIRAMAR STREET, SUITE A
CAPE CORAL, FL 33904

04162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1625 S.E. 46th Street		(Same as Item #2)	
Suite, Apt. #, etc.: Suite 5A		Suite, Apt. #, etc.	
City & State: Cape Coral, FL		City & State	
Zip: 33904	Country: USA	Zip	Country

4. FEI Number: 20-4671997 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE; SUITE 350
FT. MYERS, FL 33907

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 KRIEG, STEVEN L 909 MIRAMAR STREET, SUITE A CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1625 S.E. 46th St., Suite 5A Cape Coral, FL 33904	☒ Change ☐ 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: [signature] Steven L. Krieg 4/17/07 239-542-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #