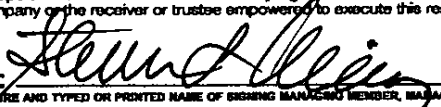


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90027 042 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20008409

DOCUMENT # L06000027911					
1. Entity Name 924 PINE ISLAND ROAD N.E., LLC					
Principal Place of Business 909 MIRAMAR STREET, SUITE A CAPE CORAL, FL 33904			Mailing Address 909 MIRAMAR STREET, SUITE A CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # 1625 S.E. 46 th Street		3. Mailing Address (Same as Item #2)			
Suite, Apt. #, etc. Suite 5A		Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State		4. FEI Number 20-4671997	
Zip 33904		Country USA		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 _____ (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. 46 th St., Suite 5A Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			Steven L. Krieg		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/17/07 Daytime Phone # 239-542-2626		