

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110649

**FILED**  
**Apr 26, 2008**  
**Secretary of State**

**Entity Name:** PINE STREET MARKETPLACE, LLC

**Current Principal Place of Business:**

1515 PINE ST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

305 OSCEOLA COURT  
NICEVILLE, FL 32578

**Current Mailing Address:**

305 OSCEOLA CT  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 20-5890696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITELL, LISA Y  
4400 E HWY 20  
SUITE 202  
NICEVILLE, FL 32578 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: MGRM ( ) Delete  
Name: SHIELDS, ANN E  
Address: 305 OSCEOLA CT  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM ( ) Delete  
Name: SHIELDS, RUSSELL K  
Address: 305 OSCEOLA CT  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

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

Title: MGMR (X) Change ( ) Addition  
Name: SHIELDS, RUSSELL K  
Address: 305 OSCEOLA CT  
City-St-Zip: NICEVILLE, FL 32578 US

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: ANN E. SHIELDS

MGR

04/26/2008

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