
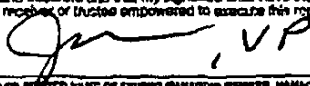


S/S

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-05-2006 90026 001 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M05000000401			
1. Entity Name PINENUT ACQUISITIONS, LLC			
Principal Place of Business 9 DAMON MILL SQUARE CONCORD, MA 01742		Mailing Address 9 DAMON MILL SQUARE CONCORD, MA 01742	
2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>(Signature, name of person named as registered agent, and title if applicable. (PRINT) Registered agent signature required when substituting)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Secretary of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
NAME	TOWERS, JEFFREY S	TITLE	
STREET ADDRESS	9 DAMON MILL SQUARE	STREET ADDRESS	
CITY-ST-ZIP	CONCORD, MA 01742	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/28/06 800-753-6933	
<small>SIGNATURES AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

30010341



04202008 Chg-LLC CRZE083 (11/05)

A. FEI Number 70-1891955 Applied For (Not Applicable)

5. Certificate of Status Desired \$5.00 Additional Fee Required

SIGNATURE _____
(Signature, name of person named as registered agent, and title if applicable. (PRINT) Registered agent signature required when substituting)

Filing Fee is \$50.00 Due by May 1, 2006 State check payable to Secretary of State

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