


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000000401**

1. Entity Name  
**PINENUT ACQUISITIONS, LLC**



Principal Place of Business: **2814 SW 13TH STREET GAINESVILLE, FL, 32608**

Mailing Address: **2814 SW 13TH STREET GAINESVILLE, FL 32608**

**DO NOT WRITE IN THIS SPACE**



02052008No Chg-LLC CR2E083 (12/07)

4. FEI Number: **20-1891955**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**AVERA, MARK A**  
**2814 SW 13TH STREET**  
**GAINESVILLE, FL 32608**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000831124  
 02/27/08-80005-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AVERA, MARK
STREET ADDRESS	2814 SW 13TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Mark Avera Date: 2/7/08 Daytime Phone #: (352)379-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE