


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007817 1. Entity Name THE RESERVE OF PINECREST, LLC	
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Principal Place of Business 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143	Mailing Address 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1039766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MATTAWAY, RICHARD L 1501 SUNSET DRIVE, 2ND FLOOR CORAL GABLES, FL 33143	DO NOT WRITE IN THIS SPACE
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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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THE RICHARD-BRANDON RESERVE, LLC 1501 SUNSET DR. 2ND FLOOR CORAL GABLES, FL 33143
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03/22/04-80042-016 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/19/04** **3056621474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #