

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90014 021 \*\*\*\*50.00

DOCUMENT # L98000001882

1. Entity Name

PINELOCH ACQUISITIONS COMPANY, L.C.



Principal Place of Business

102 W PINELOCH STREET  
#10  
ORLANDO FL 32806

Mailing Address

POST OFFICE BOX 568367  
ORLANDO FL 32856-8367

2. Principal Place of Business

105 N Eola Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 4

City & State

Orlando Florida

City & State

Same

Zip

32801

Country

USA

Zip

Country

4. FEI Number

59-3534399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARUSO, J. PAUL  
102 W PINELOCH STREET  
SUITE 10  
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

James M Loomis

Street Address (P.O. Box Number is Not Acceptable)

850 Concourse Parkway South Ste 150

City

Maitland

FL

Zip Code

32751

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

15 Feb 2005

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CARUSO, J. PAUL TRUSTEE  
STREET ADDRESS P.O. BOX 568367  
CITY-ST-ZIP ORLANDO FL 32856-8367 ☒ Delete

TITLE MGR  
NAME Joseph M Caruso Jr  
STREET ADDRESS 105 N Eola Dr Suite 4  
CITY-ST-ZIP Orlando FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

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

*JM Caruso Jr*

Managing Member

Joseph M Caruso Jr

407 923 2049

28 Jan 2005

Daytime Phone #