

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 25 AM 10: 25

DOCUMENT # L98000001882					
1. Entity Name PINELOCH ACQUISITIONS COMPANY, L.C.					
Principal Place of Business 102 W. PINELOCH STREET SUITE 10 ORLANDO, FL 32806			Mailing Address 102 W. PINELOCH STREET SUITE 10 ORLANDO, FL 32806		
2. Principal Place of Business 105 N Eda Dr Suite, Apt. #, etc. Suite 4		3. Mailing Address 105 N Eda Dr Suite, Apt. #, etc. Suite 4			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3534399	
Zip 32801		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PINELOCH MANAGEMENT CORPORATION 102 W. PINELOCH STREET SUITE 10 ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name: STEPHEN M. STONE Street Address (P.O. Box Number is Not Acceptable): 725 N. MAGNOLIA AVE. City: ORLANDO FL Zip Code: 32803		
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: STEPHEN M. STONE DATE: 8/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARUSO, MICHAEL N TRUSTEE 102 W. PINELOCH STREET, SUITE 10 ORLANDO, FL 32806		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Joseph M Caruso Jr 105 N Eda Dr Suite 4 Orlando FL 32801	
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<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 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: Joseph M Caruso Jr 18 Aug 2005 923. 2049 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					