

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90049 026 *****50.00

DOCUMENT # L00000007817	
1. Entity Name THE RESERVE OF PINECREST, LLC	

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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2. Principal Place of Business 7301 SW 57 COURT	3. Mailing Address 7301 SW 57 CT.
Suite, Apt. #, etc. #440	Suite, Apt. #, etc. #440
City & State South Miami, FL	City & State South Miami, FL
Zip 33143	Country USA
Zip 33143	Country USA

40058051



01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1039766	Applied For 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57 CT. #440 City: S. Miami, FL Zip Code 33143
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE RICHARD-BRANDON RESERVE, LLC 1501 SUNSET DR. 2ND FLOOR CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7301 SW 57 COURT, Suite 440 South Miami - FL 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: L.R. Mattaway 4/17/06 305-662-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #