

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90049 019 ****50.00

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DOCUMENT # L00000013245					
1. Entity Name DADE PINE PARTNERS LLC					
Principal Place of Business 7236 SW 56TH AVE MIAMI, FL 33143			Mailing Address 18001 OLD CUTTER RD STE 302 M PALMETTO BAY, FL 33157		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 3272 Matilda Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Coconut Grove, FL		
Zip		Country		4. FEI Number 65-1050533	
33133		U.S.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STONE, ADELE I ESQUIRE % ATKINSON, DINER, STONE, PLOUCHA ET AL. 1 FINANCIAL PLAZA SUITE 1400 FT. LAUDERDALE, FL 33394				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ADAMS, MAURICE		NAME		
STREET ADDRESS	3272 MATILDA STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ADAMS, ELIZABETH G		NAME		
STREET ADDRESS	3272 MATILDA STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: MAURICE D. ADAMS, MGRM			1/30/07 305 479 7064		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		