

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 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**



01032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1039766	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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**

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, 2005**

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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04/12/05-80030-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/7/05

(305)662-1421