

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-24-2006 90243 015 ****50.00

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1. Entity Name
PINE RIDGE 1001 INVESTMENT GROUP, LLC



Principal Place of Business
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Mailing Address
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

20010234



02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048640

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOODY, DONALD J
3099 E. COMMERCIAL BLVD., #200
FORT LAUDERDALE, FL 33308

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RAUCH, RANDALL A
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE MGR
NAME KIDWELL, JACK KEITH
STREET ADDRESS 5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE MGR
NAME JENNINGS, DOUGLAS H JR
STREET ADDRESS 816 S.E. 24TH TERRACE
CITY-ST-ZIP OCALA, FL 34471

TITLE MGR
NAME DOODY, DONALD J
STREET ADDRESS 3099 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: X

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

Date

Daytime Phone #