

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011455

Entity Name: PINE LANDINGS, L.L.C.

FILED  
Apr 06, 2008  
Secretary of State

**Current Principal Place of Business:**

1400 VILLAGE SQUARE BLVD  
UNIT 3  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

102 CHUKKARS DR.  
THOMASVILLE, GA 31792 US

**New Mailing Address:**

FEI Number: 59-3673442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANDLER, PORTER  
536 FRANK SHAW ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

CHANDLER, PORTER E  
514 FRANK SHAW ROAD  
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: PORTER E. CHANDLER

04/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHANDLER, PORTER  
Address: 536 FRANK SHAW RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: SINGLETARY, R.L. JR  
Address: 102 CHUKKARS DR  
City-St-Zip: THOMASVILLE, GA 31792

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHANDLER, PORTER E  
Address: 514 FRANK SHAW RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. L. SINGLETARY, JR.

MGRM

04/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date